



MEMBERSHIP FORM

P.O. Box 394, Cocolalla, Idaho 83813 www.bcrwinc.com

LAST PAID:

DATE: / /20 NEW APPLICATION (pending approval*) RENEWAL

(PLEASE PRINT CLEARLY)

NAME _____

ADDRESS _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

CHECK BEST WAY TO REACH YOU:

PHONE h home () - cell () -

EMAIL _____

TEXT _____

ANNUAL DUES (check type of membership)

REGULAR \$30

SUSTAINING \$35

ASSOCIATE \$15 (men and regular members of other Republican clubs)

PAYMENT (payable to BCRW, Inc.)

CASH

CHECK # _____ DATE ____/____/____

WEBSITE: check mailed to Treasurer PAYPAL

I am a registered member of the Republican Party. I agree to abide by the BCRW, Inc. by-laws.

SIGNED _____

I CAN HELP (please check at least one)

fundraising community projects hospitality other

*THIS AREA FOR BCRW, Inc. BOARD AND MEMBERSHIP COMMITTEE ONLY

THIS FORM HAS BEEN REVIEWED AND MEMBERSHIP IS APPROVED DENIED

SIGNED _____ DATED ____/____/____

PRESIDENT, BCRW, INC