

Dauphin County Council of Republican Women

Membership Application

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip Code _____

Municipality _____ Elected/Appointed Political Position _____

Home Phone _____ Work _____ Cell _____

Fax _____ Email Address _____

Business or Profession _____ Title _____

Circle Your Special Interests

Publicity
Program
Membership

Legislative
Telephone Contact
Ways and Means

Hospitality
Newsletter

Circle If You Have Any Experience

Accounting
Photography
Legal work
Art or Graphic Design
Others _____

Computer Programming
Secretarial Skills
Fundraising

**Please Return This Completed Form
With Your \$25.00 Dues To:**

**DCCRW
5015 Berkley St.
Harrisburg, PA 17109**

Make Checks Payable To: DCCRW

WHEN WOMEN WORK WE WIN!!!!!!!!!!!!!!