



Membership Form

Contact Information:

Name: _____ Date: _____
 Address _____ ZIP: _____ County: _____
 Phone: _____ Cell Phone: _____ Work Phone: _____
 Email: _____

Personal Information:

I Work: in the home
 outside the home

Title/Job
 Description _____

Previous work experience/positions include:

I am also a (please check all that apply)

Mother

How many children? _____ What are their ages? _____

Grandmother

How many grandchildren? _____

Great-Grandmother

How many great-grandchildren? _____

Other Information:

What are some of your hobbies/interests? _____

The following areas of involvement interest me: (please check all that apply)

- | | | |
|--|--|---------------------------------|
| <input type="checkbox"/> Campaign Involvement | <input type="checkbox"/> Local Government Issues | <input type="checkbox"/> Unsure |
| <input type="checkbox"/> State Government Issues | <input type="checkbox"/> Federal Government Issues | |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Other _____ | |

Membership Information:

- \$35.00 Yearly Membership beginning _____ (today's date)
 \$500.00 Lifetime Membership beginning _____ (today's date)
 Friendship Donation in amount of _____ This is a non-voting membership and therefore ineligible for a Moms ROC officer position/vote.

All dues will be used to support our local Women ROC organization. We are not associated with any other national organization.

All dues stay right here in our area to further our reach in and around our community.

Please return Membership Form with your dues to the address listed below

Women Right of Center
 446 Beringer Dr. - Evansville, IN 47711

Office Only:

- Cash in amount of _____
 Check # _____ in amount of _____