



Sussex County Republican Women's Club
www.SCRWC.net

Membership Form

Date _____

Circle one: Regular \$30.00 Associate \$15.00

Name _____
(Please Print) First M.I. Last

Street Address _____

City, State, Zip _____

Home Phone _____ Cell Phone _____

Birthday - (Day and Month only!) _____

Email Address _____

Home Club (for Associate Members only) _____

All checks should be made payable to SCRWC

Mail to:
Pat Russiano, Membership Chair
24704 Quail Court
Georgetown, DE 19947
302-945-5977