



# Membership Application

## CAPITAL CONSERVATIVE WOMEN

Full Name \_\_\_\_\_ Phone \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Month & Day of Birth \_\_\_\_/\_\_\_\_

**You'll get the chance to engage with political leaders, current local Independent & Republican officials, as well as experts in fields that matter to conservative women. Additionally, you'll have the opportunity to network and socialize with both familiar faces and make new connections.**

- |   |            |           |
|---|------------|-----------|
| • Are you registered to vote in California? | <b>Yes</b> | <b>No</b> |
| • What County?                              | _____      |           |
| • Name of person who invited you to join?   | _____      |           |

### Get involved!

- |  |                                      |  |
|--|--------------------------------------|--|
| <input type="checkbox"/> Chaplain          | <input type="checkbox"/> Events      | <input type="checkbox"/> Prizes & Drawings   |
| <input type="checkbox"/> Communications    | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Records Management  |
| <input type="checkbox"/> Community Support | <input type="checkbox"/> Legislation | <input type="checkbox"/> Reservations  |
| <input type="checkbox"/> Education         | <input type="checkbox"/> Membership  | <input type="checkbox"/> Treasurer   |
| <input type="checkbox"/> Elections         | <input type="checkbox"/> Photography | <input type="checkbox"/> Other<br>(Use the back of this form to describe in your own words the area you are interested in serving in.) |

### I want to join.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> New Member \$40.      | <input type="checkbox"/> Affiliate \$15.<br>I am a man and want to support & be involved with CCW | <input type="checkbox"/> Student Membership \$15.<br>I am 17 or younger and have a parent or guardian's permission to join CCW.*<br>*Parent's signature is required below |
| <input type="checkbox"/> Renewing Member \$40. |   |   |

Please mail this form & payment to  
 Capital Conservative Women  
 705 E Bidwell St. Suite 2, # 417  
 Folsom, CA 95630  
 OR sign-up online!  
 Website: CapitalConservativeWomen.org  
 Questions? Call: 916-952-8222 or  
 Email: membership@capitalconservativewomen.org

I have received copies of CCW's Bylaws, Standing Rules, Code of Conduct and Terms of Service and agree to adhere to them as a condition of membership in good standing. (Box must be checked for membership to be processed.)

\_\_\_\_\_  
 Applicant Signature (In the case of a Student Membership, Parent/Guardian Signature)      Date