



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? | Yes | No |
| • 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
(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.
I am a man and want to support & be involved with CCW | <input type="checkbox"/> Student Membership \$15.
I am 17 or younger and have a parent or guardian's permission to join CCW.*
*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: ccwomenmembership@gmail.com

I have received copies of CCW's Bylaws, Standing Rules, and Code of Conduct 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