



Republican Assembly of West Volusia

A CHARTERED AFFILIATE OF THE FLORIDA REPUBLICAN ASSEMBLY

Correspondence To:

P.O. Box 2032

Deland, Florida 32721

Email: RAWV2023@gmail.com

386-337-8095

Membership Application

PLEASE PRINT

DATE: _____

Name #1: _____

Name #2: _____

Address: _____

City, State, Zip: _____

Telephone: Home: _____

Cell #1: _____ Cell #2: _____

Best phone to contact? Home or Cell

E-mail address #1: _____

E-mail address #2: _____

VOTER REGISTRATION INFORMATION

(This information can be found on your voter registration card)

Name #1 Voter ID _____ DOB: ____/____/____

Name #2 Voter ID _____ DOB: ____/____/____

***Yearly Dues for Active Members are \$40 per person or \$70 per couple**

***Yearly Dues for Associate Members are \$25 per person or \$40 per couple**

***Please make checks payable to RAWV& return completed form with check to:**

RAWV

PO Box 2032

Deland, FL 32721

SIGNATURE OF APPLICANT: #1: _____

#2: _____