



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

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 \$25 per person or \$50 per couple**

***Yearly Dues for Associate Members are \$25 per person or \$50 per couple**

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

RAWV
PO Box 2032
Deland, FL 32721

SIGNATURE OF APPLICANT #1: _____

#2: _____