



The Republican Women's Club of Kaua'i Membership Form

Member's Name: _____ (\$25 per year)

Associate Member's Name _____ (\$15 per year):

Mailing Address: _____ City and Zip: _____

Phone: _____ Cell Phone: _____ Email Address: _____

The following helps us comply with campaign spending laws:

(Required) Employer: _____ (Required) Occupation: _____

If "RETIRED" Check here _____ Are you eligible to vote in the state of Hawai'i? _____ Yes _____ No

Please return this form and your check made payable to the Republican Women's Club of Kauai to:

Bob Hickling
3814 Iluna Place
Princeville, HI 96722
