



# 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, conservative elected officials at all levels of government, 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 City/County? \_\_\_\_\_

Do you hold an elected or appointed office? If so please provide details. \_\_\_\_\_

If someone invited you to join, please provide their name. \_\_\_\_\_

## How would you like to get involved?

Help at CCW Events

Membership Development

Social Media Engagement

Fundraising

Volunteer for Candidates

Media Relations

Research Legislation

Other - Please Explain \_\_\_\_\_

Help with Prize Drawings

## I want to join!

New Member \$40.

Affiliate \$15. I am a man and want to support & be involved with CCW Please mail this form & payment to Capital Conservative Women 705 E Bidwell St. Suite 2, # 417 Folsom, CA 95630

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

Renewing Member \$40.

You may also complete your Membership Form and pay online at [www.CapitalConservativeWomen.com](http://www.CapitalConservativeWomen.com)

Questions? Call: 916-952-8222 or Email: [ccwomenmembership@gmail.com](mailto:ccwomenmembership@gmail.com)

I have viewed CCW's Bylaws, Standing Rules, and Code of Conduct on the website 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