



# OFRW Directory of Club Membership

**PLEASE LIST MEMBERS ALPHABETICALLY BY LAST NAME AND PLEASE PRINT OR TYPE LEGIBLY**

Total due per member is \$15 (\$5 for OFRW and \$10 for NFRW). Make all checks payable to **Ohio Federation of Republican Women**.

There is a once a year \$15 club service fee due to NFRW before March 1 amounts may be submitted by check or via Pay Pal.

Please be sure to include each member's email address so they will receive updates from OFRW and NFRW.

You may also submit your membership roster via website at <http://www.ohfrw.com>

Questions? Call OFRW office at (614) 456-2054

Mail to: **Mary Beth Kemmer, 615 Sedgwick Way, Troy, OH 45373-5421**

<b>Club Name</b>	<input type="text"/>	<b>County</b>	<input type="text"/>		
<b>Club #</b>	<input type="text"/>	<b>Report #:</b>	<input type="text"/>	Date:	<input type="text"/>
<b>Last Name</b>	<input type="text"/>	Email Address	<input type="text"/>		
First Name	<input type="text"/>	Telephone	<input type="text"/>		
Address	<input type="text"/>	City	<input type="text"/>	Zip	<input type="text"/>
<b>Last Name</b>	<input type="text"/>	Email Address	<input type="text"/>		
First Name	<input type="text"/>	Telephone	<input type="text"/>		
Address	<input type="text"/>	City	<input type="text"/>	Zip	<input type="text"/>
<b>Last Name</b>	<input type="text"/>	Email Address	<input type="text"/>		
First Name	<input type="text"/>	Telephone	<input type="text"/>		
Address	<input type="text"/>	City	<input type="text"/>	Zip	<input type="text"/>
<b>Last Name</b>	<input type="text"/>	Email Address	<input type="text"/>		
First Name	<input type="text"/>	Telephone	<input type="text"/>		
Address	<input type="text"/>	City	<input type="text"/>	Zip	<input type="text"/>
<b>Last Name</b>	<input type="text"/>	Email Address	<input type="text"/>		
First Name	<input type="text"/>	Telephone	<input type="text"/>		
Address	<input type="text"/>	City	<input type="text"/>	Zip	<input type="text"/>

Club Name: \_\_\_\_\_

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<b>Last Name</b>		Email Address		
First Name		Telephone		
Address		City	Zip	
<b>Last Name</b>		Email Address		
First Name		Telephone		
Address		City	Zip	
<b>Last Name</b>		Email Address		
First Name		Telephone		
Address		City	Zip	
<b>Last Name</b>		Email Address		
First Name		Telephone		
Address		City	Zip	
<b>Last Name</b>		Email Address		
First Name		Telephone		
Address		City	Zip	

**Print out as many forms as necessary to list all of your members, change report number for each submittal:**

Has your club approved the establishment of a web presence?

Yes

No

**Make checks payable to: OFRW**

If Yes, list  
URL:

**OFRW Fax: (614) 358-0581**

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