

TENNESSEE FEDERATION OF REPUBLICAN
WOMEN 2018-2019 CLUB TREASURER'S
MEMBERSHIP REPORT



Quarter Reporting:

1st 2nd
 3rd 4th

(Please make copies of this page prior to use for future reports.)

CLUB NAME: _____ DATE: _____

CLUB NUMBER: _____ AREA: _____

***Please Print Legibly. (R)=Renewal/Former Member; (N)=New Member; (C)=Change; Do NOT include Associate Members**

**Include Area Code – We need a telephone number

1. () Name: _____
 Address: _____
 City-Zip: _____
 **Cell: _____ (H): _____
 Email: _____

5. () Name: _____
 Address: _____
 City-Zip: _____
 **Cell: _____ (H): _____
 Email: _____

2. () Name: _____
 Address: _____
 City-Zip: _____
 **Cell: _____ (H): _____
 Email: _____

6. () Name: _____
 Address: _____
 City-Zip: _____
 **Cell: _____ (H): _____
 Email: _____

3. () Name: _____
 Address: _____
 City-Zip: _____
 **Cell: _____ (H): _____
 Email: _____

7. () Name: _____
 Address: _____
 City-Zip: _____
 **Cell: _____ (H): _____
 Email: _____

4. () Name: _____
 Address: _____
 City-Zip: _____
 **Cell: _____ (H): _____
 Email: _____

8. () Name: _____
 Address: _____
 City-Zip: _____
 **Cell: _____ (H): _____
 Email: _____

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