

TENNESSEE FEDERATION OF
REPUBLICAN WOMEN 2024-2025
MEMBERSHIP REPORT



(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; Use RC for renewals with a name, email, or address change. **Include Area Code – We need a telephone number. Do NOT include Associate Members.**

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: _____

Please send a copy of this report along with the a copy of the Cover Sheet to:

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