

McLennan County Republican Women Membership Form

P.O. BOX 7291
WACO, TEXAS 76710-7291

www.McLennanCountyRepublicanWomen.com

Applicant Information

Name:		
Date of birth:	E-mail:	Phone No.:
Current address:		
City:	State:	ZIP Code:
Cell Phone:	Fax:	Business Phone:

Employment Information

Federal and State Law Requires We Report the Following:

Employer/Business Name:	Occupation:
Are you self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a member of another Republican Women's club? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes; Where:	

Permissions

Can we provide your information to candidates when asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
Can we e-mail newsletters and other club-related information to you? <input type="checkbox"/> Yes <input type="checkbox"/> No
Can we post your contact information in the password-protected area of our website? <input type="checkbox"/> Yes <input type="checkbox"/> No

Spouse Information if Associate membership

Spouse Name:
Occupation:

Volunteer Information

I would like to serve on the following committees:

Telephone
 Fund Raising
 Membership
 Programs
 Campaign Activities
 Research & Legislative
 Bylaws
 Hospitality
 Historian
 Communications
 Website
 Newsletter
 Other: _____

Regular Member \$25.00 Regular + Associate \$30.00 Membership dues include dues to Texas Federation of Republican Women and the National Federation of Republican Women. <i>All members must be registered to vote.</i>	Please complete this application and return <u>with your check</u> made payable to "MCRW" Mail to: McLennan County Republican Women PAC P.O. Box 7291 Waco, Texas 76710
We can not accept a Corporate check. Is this a Corporate check? <input type="checkbox"/> Yes <input type="checkbox"/> No Personal check # _____ Cash \$ _____	Amount enclosed: \$ _____
Signature: _____	Date: _____