Central Texas Republican Women

Active Membership Application

Dues: $25.00/year

PERSONAL INFORMATION

Title: Mrs. ____ Miss. ____ Ms. ____ Dr. ____ Other _____ Type Mbr: Active ____ Dual ____

Last Name: _____ First Name: _____ MI: _____ Gender: _____

Preferred Name: _____ Spouse First Name: _____
(Optional)

Address: _____

_____ Voting Precinct: _____

City: _____ State: ____ Zip:_____, _____ Home Ph: _____ - _____ - _____

Occupation: _____ Work Ph: _____ - _____ - _____
(Required by Law for PAC Activity)

E-Mail: _____ Fax Ph: _____ - _____ - _____
(Important if you want to receive e-mail from CTRW/Bell GOP)

INTEREST

____ I wish to take an active part in CTRW and am interested in serving on one of the following committees:

___ Campaign ____ Legislative

___ Caring for America ____ Literacy

___ Republican Headquarters Volunteer ____ Prayer Breakfast

___ Hospitality ____ Youth Activities

___ Hot Line ____ Fundraising

RETURN TO: CTRW/PAC
PO Box 24
Belton, TX 76513

or

Wanda Slye
1701 Jamie Dr.
Belton, TX 76513
Phone: 254-939-7938

Do not write anything between these lines – This area is for use only by CTRW

Date Paid: _____ Amt Paid: $ _____ Pd by: _____ Ck #: _____ ___ Cash

Member Status: _____(old/new) Assigned to Caller List _____ Entered: _____

Type of Members

Active Members: Women Members of the CTRW Organization (Club) with full voting privileges.

Associate Members: Male Members of the CTRW Organization (Club) who are supportive of CTRW but have no voting privileges.

Dual Members: Women Members who have their primary membership with another Republican Women's organization but wish to participate in CTRW activities.

(CTRW Membership Form, Revised 9/17/2004)

Central Texas Republican Women
Associate Membership Application

Dues: $25.00/Year

PERSONAL INFORMATION

Title: Mrs. ____ Miss. ____ Ms. ____ Dr. ____ Other _____ Type Mbr: Active ____ Dual ____

Last Name: _____ First Name: _____ MI: _____ Gender: _____

Preferred Name: _____ Spouse First Name: _____
(Optional)

Address: _____

_____ Voting Precinct: _____

City: _____ State: ____ Zip:_____, _____ Home Ph: _____ - _____ - _____

Occupation: _____ Work Ph: _____ - _____ - _____
(Required by Law for PAC Activity)

E-Mail: _____ Fax Ph: _____ - _____ - _____
(Important if you want to receive e-mail from CTRW/Bell GOP)

INTEREST

____ I wish to take an active part in CTRW and am interested in serving on one of the following committees:

___ Campaign ____ Legislative

___ Caring for America ____ Literacy

___ Republican Headquarters Volunteer ____ Prayer Breakfast

___ Hospitality ____ Youth Activities

___ Hot Line ____ Fundraising

RETURN TO: CTRW/PAC
PO Box 24
Belton, TX 76513

or

Wanda Slye
1701 Jamie Dr.
Belton, TX 76513
Phone: 254-939-7938

Do not write anything between these lines – This area is for use only by CTRW

Date Paid: _____ Amt Paid: $ _____ Pd by: _____ Ck #: _____ ___ Cash

Member Status: _____(old/new) Assigned to Caller List _____ Entered: _____

(CTRW Membership Form, Revised 9/17/2004)