

**WCRW PRIMARY MEMBER: YEAR \_\_\_\_\_**

*\*Membership Expires Dec 31<sup>st</sup>*



**WALKER COUNTY REPUBLICAN WOMEN**

P.O. BOX 7382 | HUNTSVILLE TX 77342-7382

[www.wcrwtx.org](http://www.wcrwtx.org)

**ANNUAL DUES: \$40 MEMBER (Women Only) \_\_\_\_\_ NEW \_\_\_\_\_ RENEWAL**

Date Submitted: \_\_\_\_\_ Referred By: \_\_\_\_\_

ALL FIELDS MUST BE COMPLETED – PRINT CLEARLY: *(One Form Per Person)*

<b>FIRST NAME</b>	<b>LAST NAME</b>	<b>NICKNAME</b>	
<b>MAILING ADDRESS</b>		<b>CITY/STATE</b>	<b>ZIP</b>
<b>EMAIL</b>			
<b>CELL PHONE</b>		<b>OCCUPATION &amp; EMPLOYER (REQUIRED FOR PAC REPORTING)</b>	

**ADDITIONAL INFORMATION**

**CIRCLE OR COMPLETE**

**Preferred Method Of Communication**

**EMAIL**

**PHONE**

**TEXT**

**Publish Name In Membership Directory**

**YES**

**NO**

**Interested In Serving On The Board**

**YES**

**NO**

**Interested In Serving On A Committee**

**YES**

**NO**

**Senate District**

\_\_\_\_\_

*Check All Committee Interest Below: Visit [www.wcrwtx.org](http://www.wcrwtx.org) for Committee Descriptions.*

\_\_\_\_ MEMBERSHIP

\_\_\_\_ LEGISLATION

\_\_\_\_ NEWSLETTER

\_\_\_\_ HOSPITALITY

\_\_\_\_ LITERACY

\_\_\_\_ VOLUNTEER HOURS

\_\_\_\_ PUBLICITY

\_\_\_\_ BYLAWS

\_\_\_\_ CARING FOR AMERICA

\_\_\_\_ CAMPAIGN ACTIVITIES

\_\_\_\_ SOCIAL MEDIA

\_\_\_\_ AMERICANISM

**Payment Type: \_\_\_\_\_ CASH \_\_\_\_\_ VENMO @WCRWLadies \_\_\_\_\_ CHECK # \_\_\_\_\_**

Payment Received by: \_\_\_\_\_ on: \_\_\_\_\_ Amount: \_\_\_\_\_

Processed By: Membership: \_\_\_\_\_ Treasurer: \_\_\_\_\_ President: \_\_\_\_\_

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Revised: 01/04/23