

WCRW ASSOCIATE MEMBER: YEAR _____

*Membership Expires Dec 31st



WALKER COUNTY REPUBLICAN WOMEN

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

www.wcrwtx.org

ANNUAL DUES: \$15 ASSOCIATE MEMBER _____ NEW _____ RENEWAL

_____ FEMALE _____ MALE _____ STUDENT

Date Submitted: _____ Referred By: _____

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

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

Name of Spouse if a Member: _____

ADDITIONAL INFORMATION

CIRCLE OR COMPLETE

Member Of Another TFRW CLUB

YES NO

Preferred Method Of Communication

EMAIL PHONE TEXT

Publish Name In Membership Directory

YES NO

Interested In Serving On A Committee

YES NO

Senate District

Check All Committee Interest Below: Visit 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 # _____

****When using VENMO – Please do not choose INSTANT as it charges the club a Fee****

Payment Received by: _____ on: _____ Amount: _____

Processed By: Membership: _____ Treasurer: _____ President: _____