



WICHITA COUNTY REPUBLICAN WOMEN MEMBERSHIP APPLICATION 2022

Date _____

Member Name _____

Associate Name _____

Address _____

City _____

State _____

Zip _____

Home phone _____

Cell phone _____

FAX _____

Email address _____

Occupation/Name of Employer
(Required by Texas Ethics Commission)

New Member? _____ Sponsor/How Did You Hear of Us _____

If a regular or associate member is a US citizen, they must be registered to vote.

___ \$40 Active Membership New member dues paid after Oct. 1st will apply to the following year

___ \$25 Associate Membership Any gentleman who would like to affiliate with this club may do so, but may not vote on club issues and cannot hold office in the club; however, they may serve on committees.

___ \$20 Young Affiliate Membership Persons aged 13-17 who want to affiliate.

Please indicate your preferred method of communication: Text eMail Telephone

Please indicate committees and/or events below in which you have an interest to participate:

___ By-Laws

___ Membership Committee

___ Campaign Activities Committee

___ Public Relations

___ Events

___ Telephone Committee

___ Legislative Affairs Committee

Special Skills or Talents _____

Please attach annual dues & mail to:
Wichita County Republican Women
P.O. Box 2565
Wichita Falls, TX 76307-2565

WCRW membership records are confidential and are for the sole use of WCRW. The above information will not be sold, traded, or distributed to any corporation, business, profit or non-profit organization/club or affiliated group, except as required by TFRW and the Texas Ethics Commission.

FOR USE BY WCRW OFFICE

Date Received _____ Amt. Received \$ _____ Cash ? _____ Check # _____

Received by _____ Card _____ OP _____