# BAY AREA REPUBLICAN WOMEN'S CLUB

## MEMBERSHIP APPLICATION

**Membership Dues for Current Year November 1, 2026 through October 31, 2027**

**Name:** _____
**(Please Print)**
First Middle Last

**Occupation:** _____**(Information Required by Texas Ethics Commission)**

Birthday_____ Spouse's Name: _____
Month / Day (If Applicable)

**Address:** _____ _____ _____ _____-_____
Street or P. O. Box City State Zip plus 4 digit extension

**Telephone:** **Home:** (_____)_____

Office: (_____)_____

Mobile: (_____)_____

Fax: (_____)_____

**E-Mail**: _____**(Information Requested by BARW & TFRW)**

**County & Voting Precinct #:** Precinct#_____ Precinct # _____ Precinct #_____
(BARW By-Laws Article IV,Sect.1) Brazoria County Galveston County Harris County

## Type of Membership:

_____**$ 35.00 Full Membership for Women** _____**Renewal** _____**New Member**

_____**$ 20.00 Associate Membership RWC Members** _____**Renewal** _____**New Member**

Name of RWC Full Membership:_____

_____**$ 20.00 Associate Membership for Men** _____**Renewal** _____**New Member**

**Areas of Interest:** _____Literacy _____Legislative _____Campaign Activities _____Fundraising

_____Events _____Membership _____Telephone _____Publicity _____Community Service

Other: _____

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Please Make Checks Payable to: **BARW-PAC** Date: _____ Amount Paid: _____ Check # _____
**(CORPORATE CHECKS ARE PROHIBITED)**

**For Information Contact:**
Erin Boyd at **erinoianboyd@gmail.com**

**Send to:**
BARW Membership Chair
P.O. Box 58103
Webster, Texas 77598-8103