BAY AREA REPUBLICAN WOMEN'S CLUB
MEMBERSHIP APPLICATION

Membership Dues for Current Year November 1, 2019 through October 31, 2020

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: (_____)_____

Fax: (_____)_____

Mobile or Pager: (_____)_____

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

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

Type of Membership:

_____**$ 25.00 Full Membership for Women** _____**Renewal** _____**New Member**

_____**$ 15.00 Associate Membership RWC Members** _____**Renewal** _____**New Member**

Name of RWC Full Membership:_____

_____**$ 15.00 Associate Membership for Men** _____**Renewal** _____**New Member**

Areas of Interest: _____Literacy _____Legislative _____Campaign Activities _____Fundraising

_____Events _____Membership _____Telephone _____Publicity _____Community Service

Other: _____

_____

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

For Information Call:
Susan Franklin at 281-461-6898

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