BAY AREA REPUBLICAN WOMEN'S CLUB

MEMBERSHIP APPLICATION

Membership Dues for Current Year November 1, 2024 through October 31, 2025

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: _____

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

For Information Call:
Karen Wheeler-Hall at **281-732-1835**

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