

MEMBERSHIP APPLICATION



STAR REPUBLICAN WOMEN

PO BOX 8675 HSB 78657

WWW.STARTXRW.ORG

Date: _____

Are you a TEXAS Registered Voter? _____

Please check one: _____ \$40 **Active Member**

_____ \$30 **Associate Member** (elected official, men, or not primary club)

Please check one: _____ I am **renewing** my membership **OR** _____ I am a **New Member**

NAME BADGE \$8.00 _____ Paid _____

please print name exactly as you want to appear on badge

NAME: _____
last first spouse

MAILING ADDRESS: _____ CITY _____ ZIP _____

TELEPHONE: _____

EMAIL: _____

Newsletters will be sent by e-mail only. Please print clearly.

OCCUPATION: _____ REFERRED BY: _____

We encourage you to attend our meetings (3rd Tuesday, Sept - May) as well as participate on a committee if possible. PLEASE check the committees of interest to you:

_____ Awards _____ Bylaws _____ Campaign Activities _____ Caring for America _____ Hospitality

_____ Legislation _____ Membership _____ Newsletter _____ Public Relations _____ Ways & Means

Please bring your completed membership form, CHECK, CASH or CREDIT CARD to an upcoming SRW meeting or mail to: **STAR Republican Women / PO Box 8675 / Horseshoe Bay, TX 78657**

PLEASE NOTE: contributions to Star Republican Women PAC are not tax deductible as charitable contributions for federal income tax purposes. Corporate contributions are not permitted.

OFFICE USE: Check# _____ Credit Card _____ Cash _____ REVISED 02/2025 DL