

Date: _____

Member Information

Name: _____

Phone: _____

Associate Member Information *

Name: _____

Phone: _____



Please check ONE:

- New Member** - please fill out entire form
 - Renewal NO Changes** - information has NOT changed. Please fill out THIS section ONLY
 - Renewal with Changes** - Please fill out this section and fields WITH changes below
- Please see dues information at bottom

* Associate Members are either men who wish to support our club (i.e. spouses of members, elected officials) or women who are members of another Republican women's club

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Email: _____ Spouse's Name: _____

Member Occupation: _____ **Employer:** _____

Associate Member Occupation: _____ **Employer:** _____

(Required by law for Political Action Committee. If not "employed": Homemaker, retired, private tutor, volunteer)

Are you registered to vote? Yes No **MEMBERS MUST BE REGISTERED VOTERS**

MCRW can help you register. MCRW meets the second Tuesday of each month.

Are you a member of another Republican Women's club? No Yes If yes, where? _____

COMMITTEES/INTERESTS: Please indicate the area(s) in which you have an interest!

- Fundraising Caring for America Campaign Activities Community Engagement Education/Scholarship
- Events Planning Hospitality Legislative Membership Publicity/Media I can help where needed

Special talents (graphic design, website, database, writing, etc.) _____

Issues that concern you _____

Speakers you recommend _____

DUES: Membership dues are \$30 per year. Associate Member dues are \$10 per year.

Please complete this application and return at the next general meeting or by mail to:

McLennan County Republican Women PAC
P.O. Box 7291
Waco, TX 76710

Checks to be made out to "MCRW." We cannot accept a corporate check due to federal and state ethics laws.

Amount enclosed: _____ Cash Check # _____

Membership is effective through December 31, 2019.