



Membership RENEWAL Form

Date: _____

Member Information

Name: _____

Phone: _____

Associate Member Information *

Name: _____

Phone: _____



Please check ONE:

Renewal NO changes - information has NOT changed. Please fill out Name and Phone ONLY

Renewal with Changes - Please fill out this section and indicate CHANGES below

Please see dues information at bottom

* Associate Members are either men who wish to support our club or women who are members of

Please UPDATE my information as follows:

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

- Don't forget to sign up your husband as an Associate Member! Total for both just \$40.**

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.