2015 FORT WORTH REPUBLICAN WOMEN MEMBERSHIP FORM

*Name:	Spouse			
(Last)	(First)	-		
My information is the san	ne as submitted in 2014	Birthday: Month	Day	
*Occupation:	Employer			
*Address:				
*City/State:		*Zip		
*Note: <u>Texas election law</u>	requires this information to be su	abmitted with application.		
Phone: Home	Office	Cell		
E-Mail	Voter Precinct No			
Caring for Ame	erica Donation (Voluntary)	Amoun	t \$	
covers printing an	additional fee of \$20.00 in order d mailing.) FWRW members may hrough our free email subscriptio	access the FWRW Newsle		
	MEMBERSHIP I	LEVELS		
WOMEN ONLY. Ac	Full Voting Membership etive member has full voting rights in legislative activities, including serving	our club and will actively part	.00 \$ icipate in <i>FWRW</i>	
WOMEN ONLY. Su	e Member -Full Voting Memberstaining Active members have full vobut are unable to actively participate	ting rights and also provide a	.00 \$dditional financial	
WOMEN OR MEN. activities but do not	Associate Members Associate members desire to associate wish to have full voting rights. Associated all events, but are ineligible to s	ciate Members will receive FV	ent on our events and	

Note: Make checks payable to FWRW. (Corporate checks cannot be accepted.)

Send payments to: FWRW, P.O. Box 101613, Fort Worth, Texas 76185-1613. Questions? Contact VP Membership, Debra McDaniels – membership@fwrw.org or (817) 291-5300.