



MONTGOMERY COUNTY REPUBLICAN WOMEN

Membership (Jan.1-Dec.31)

Please fill out completely—new members and renewals.

Membership Status: Renewal \_\_\_\_\_ New \_\_\_\_\_ Birthday (Month and Date) \_\_\_\_\_

Primary Member (female at birth, not a primary member of another Republican Women’s Club) \$40 \_\_\_\_\_

Associate Member (only if primary member of another RW club or are a male) \$25 \_\_\_\_\_

(Please provide the name of your primary club) \_\_\_\_\_

Couple Membership (primary and associate) \$60 \_\_\_\_\_

Young Affiliate (female at birth, ages 13-under 18) \$15 \_\_\_\_\_

Name(s) \_\_\_\_\_ Spouse \_\_\_\_\_

Name tag(s) preference (if different from above) \_\_\_\_\_

Home/Mailing Address \_\_\_\_\_

Email Address (please print) \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Mobile \_\_\_\_\_

Occupation: (Required by Texas Ethics Commission) \_\_\_\_\_

May we publish your contact information in our MCRW directory Yes \_\_\_ No \_\_\_

Referred by (new members only) \_\_\_\_\_

Precinct (voting box) # \_\_\_\_\_ Congressional District \_\_\_\_\_ Senate District \_\_\_\_\_

Please indicate any committee on which you would like to serve:

- |                       |       |             |       |                      |       |
|-----------------------|-------|-------------|-------|----------------------|-------|
| Americanism           | _____ | Hospitality | _____ | Political Activities | _____ |
| Caring for America    | _____ | Legislation | _____ | Publicity            | _____ |
| Community Involvement | _____ | Literacy    | _____ | Telephone            | _____ |
| Email                 | _____ | Membership  | _____ | Ways and Means       | _____ |
| Historian             | _____ | Newsletter  | _____ | Website              | _____ |
|                       |       |             |       | Yearbook             | _____ |

You may register on our website, [www.mcrepublicanwomen.org](http://www.mcrepublicanwomen.org). Or make your check payable to MCRW and mail form and check to  
MCRW  
PO Box 1766  
Conroe, TX 77305

Cash \_\_\_\_\_ Check # \_\_\_\_\_ Amount \_\_\_\_\_

Eligibility for membership does not guarantee, and one cannot assume, automatic grant of membership.

I hereby certify that the information provided above is true and correct to the best of my knowledge and belief.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Treasurer’s Use only: Date reported to TFRW \_\_\_\_\_ Submission # \_\_\_\_\_