Scanned_____ Submission #_____

REPUBLICAN WOMEN OF TRINITY COUNTY P.A.C.

2027 PRIMARY MEMBERSHIP APPLICATION

P.O. Box 1916, Trinity, Texas 75862
www.rwtctx.org

Date: _____

Check one: Renewal ____ New Member ____ Returning ____ Referred By:_____

$40.00 Annual Fee – Voting Privileges

Payment type: Cash____ Check #_____ Credit Card____ Venmo____

(Your Primary Membership Annual dues give you full membership in the Republican Women of Trinity County, Texas Federation of Republican Women and the National Federation of Republican Women)

PLEASE PRINT THE BELOW INFORMATION

_____
Name (first & last) Spouse (first name)

_____
Address (mailing and physical, if different)

Occupation: _____ Preretirement Occupation: _____

_____
Cell Number Home Number Work Number

Email Address: _____ DOB: M_____/ D_____

Registered Voter? Yes ____ No ___ Precinct # ____ Box # _____

Are You an Associate Member of Another Republican Women's Club? Yes ___ No ____

If Yes, Which Club? _____

Tell us a little about yourself and what you are involved in (may use back of sheet):

_____

I AM INTERESTED IN THE FOLLOWING COMMITTEES / AREAS

Americanism/Caring for America: _____ Campaign Activities: _____ Finance: _____ Fundraising: _____
Hospitality: _____ Legislative: _____ Membership: _____ Public Relations/Media: _____ Historian: _____
I can help where needed _____

I have special expertise to contribute (website, MS Office, financial, fundraising, etc)_____

Yes ____ Check "Yes" If you would like to be included in our Prayer Chain emails

Membership: Sally Jo Harrington rwtc.membership@gmail.com

RWTC: republicanwomentrinityco@gmail.com

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