

NACOGDOCHES COUNTY REPUBLICAN WOMEN

MEMBERSHIP APPLICATION

DATE: _____ **PRECINCT#** _____

NAME: _____ **NEW:** _____ **RENEWAL:** _____

SPOUSE: _____

YOUR OCCUPATION: _____
This information is required by law for Political Action Committees. If not "employed" use: Homemaker, Retired, etc.

MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

HOMEPHONE: _____ **WORK:** _____ **CELL:** _____

E-MAIL: _____ **FAX:** _____

Please print e-mail address and notify us with changes. This is our preferred means of communication.

ACTIVE MEMBER:(\$25) _____ **ASSOCIATE MEMBER*:(\$15)** _____ \$ _____

*Consider signing your husband up as an associate member.

SCHOLARSHIP CONTRIBUTION:
One time special contribution towards Scholarship Fund \$ _____

CASH: _____ **CHECK#:** _____ **TOTAL ENCLOSED: \$** _____

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

_____ CAMPAIGN ACTIVITIES	_____ BYLAWS
_____ HEADQUARTERS	_____ LEGISLATIVE
_____ TELEPHONE/ E-MAIL	_____ PUBLICITY/MEDIA
_____ MEMBERSHIP	_____ SOCIAL MEDIA
_____ FUNDRAISING	_____ I CAN HELP WHERE NEEDED

ARE YOU A PRECINCT CHAIR? _____
DO YOU WANT TO KNOW MORE ABOUT PRECINCT GRASSROOTS EFFORTS? _____

**PLEASE COMPLETE FORM AND RETURN
WITH YOUR CHECK MADE PAYABLE
TO THE NCRW AND MAIL TO:**

**LORI COTTEN
7035 FM 1275
NACOGDOCHES, TX 75961**

PLEASE JOIN US ON FACEBOOK AND VISIT OUR WEBSITE AT www.nacgop.com