

Bush Legacy Republican Women of Weatherford

MEMBERSHIP APPLICATION 2020

Mail to BLRWW Attn: Membership, Po Box 283, Weatherford, TX 76086

Please print clearly ___ **New** or ___ **Renewal**

CATEGORY OF MEMBERSHIP

___ \$50 Regular Republican Woman* (Includes membership in the state and national Federations of Republican Women)

___ \$35 Associate Member (member of another club and/or Republican men) Primary Club _____

___ \$25 Young Affiliate (Teenage woman 13 - 17 years)

___ I believe in the Republican values and want to support this club with an additional donation of \$ ___ one time/monthly

() Ms. () Miss () Mrs. () Mr. () Dr. () Other _____

Name: _____

Spouse Name: _____

Address: _____ City/Zip: _____

Best Phone Number: _____ Email: _____

**** if you wish an item to not be shared with other members please indicate by placing a check mark by the item ****

*Occupation: _____ ****Note: occupation is required for reporting purposes****

Birthday month: _____ day: _____

Recruited by: _____

Please contact me regarding the following BLRWW activities: Headquarters Fundraisers Festivals

Voter Registration Hospitality Campaign Activities Awards Parades Other

Make checks payable to: BLRWW, PAC (no corporate checks)

Credit/Debit Name as it appears on card: _____

Billing address for card _____ Zip _____

I authorize BLRWW to charge my account: VISA MC Discover AMEX In the amount of \$ _____

Credit Card Number Security Code # _____ Expiration Date ____/____

Signature _____ Today's date _____

**Meetings are on the 3rd Thursday of each month at 11:30am
at the Doss Center in Weatherford, TX**

For club use:

Date Received _____ Cash _____ Check# _____ CC _____ Received by _____