

Bush Legacy Republican Women of Weatherford

JOIN NOW FOR 2017!

MEMBERSHIP APPLICATION

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

Ms. Miss Mrs. Mr. Dr. Other _____

Name: _____

Address: _____

City/Zip: _____

Home phone: _____ Cell phone: _____

Work phone: _____ Email: _____

***Occupation:** _____

(Note: occupation is required for reporting purposes; if you wish an item to NOT be shared with other members, place a check-mark in the box beside that item)

CATEGORY OF MEMBERSHIP

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

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

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

*It's not the cost of the membership,
it's the value of the membership!*

Birthday month: _____ day: _____

Spouse's name: _____

Please contact me regarding the following BLRWW activities: Headquarters Fundraisers

Festivals Voter registration Hospitality

Campaign activities Awards Parades Other

MAKE A DIFFERENCE: GET INVOLVED!

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

Mail to BLRWW Atten: Membership, 502 N Main, Box #105 Weatherford, TX 76086 Email: info@blrww.com

Credit/Debit Name as it appears on card _____

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 _____

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

Meetings on the 3rd Thursday of each month; 11:30 at the Doss Center in Weatherford TX

For club use:

Date Received: _____ Cash _____ Check _____ CC _____ Received by _____