ROCKWALL COUNTY REPUBLICAN WOMEN

MEMBERSHIP APPLICATION 2012

DUES: $25 per year for all membership categories

☐ Active ☐ Associate Are you registered to Vote?_____

NAME:_____
(First Name) (Last Name)

ADDRESS:_____

CITY:_____STATE:_____ZIP:_____

HOME PHONE:_____CELL PHONE:_____

WORK PHONE:_____SPOUSE'S NAME_____

EMAIL:_____

OCCUPATION:_____

PRECINCT NUMBER:_____BIRTHDAY:_____
(Month) (Day)

HAVE YOU SERVED AS AN RCRW OFFICER IN THE PAST? (Circle One) YES NO

IF YES, PLEASE INDICATE THE OFFICE/S HELD?_____
YEAR(S) (EXAMPLE: 1992 & 2007):_____

PLEASE INDICATE THE LEVEL AND NATURE OF ACTIVITY YOU DESIRE AND ANY SPECIAL EXPERTISE OR TALENT YOU WANT TO OFFER TO RCRW:

_____

ARE YOU CURRENTLY SERVING AS AN ELECTED OFFICIAL? (Circle One) YES NO
IF YES, PLEASE PROVIDE OFFICE AND APPLICABLE CITY/CO./DISTRICT, ETC. BELOW:

_____

Please submit or mail membership form with dues to:
ROCKWALL COUNTY REPUBLICAN WOMEN
ATTN: V.P. OF MEMBERSHIP
P.O. BOX 1354
ROCKWALL, TX 75087
Visit our Website at rcrw.org for details about meetings and organization