



STAR REPUBLICAN WOMEN
PO BOX 8675
HORSESHOE BAY, TEXAS 78657

MEMBERSHIP INFORMATION FORM

Date: _____

Please check one:

_____ \$30 active membership OR _____ \$20 associate membership (elected official, men, or not primary club)

Please check one: _____ I am renewing my membership OR _____ I am a new member

_____ I am renewing my TFRW membership and *transferring* to STAR from another club (** must complete record change form)

NAME: _____ (_____)
last first (spouse)

MAILING ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

*Newsletters will be sent by e-mail only. Please print clearly.

OCCUPATION: _____ REFERRED BY: _____

We encourage you to attend our meetings as well as participate on a committee if possible. Please check the committees of interest to you:

- _____ Awards _____ Bylaws _____ Campaign Activities _____ Caring for America _____ Hospitality
- _____ Legislation _____ Literacy _____ Newsletter _____ Public Relations _____ Ways & Means

**Please bring your completed membership form & check to an upcoming SRW meeting or mail to:
STAR Republican Women / PO Box 8675 / Horseshoe Bay, TX 78657**

PLEASE NOTE: contributions to Star Republican Women PAC are not tax deductible as charitable contributions for federal income tax purposes. Corporate contributions are not permitted.

OFFICE USE ONLY: CHECK # _____ or CASH \$ _____ STAR _____ TFRW _____ TREASURER _____