

MCRW MEMBERSHIP APPLICATION
and Directory Information

Date _____ Precinct # _____ Voter Reg. # _____

Name _____

Address _____

City-St-Zip _____

Home Phone _____

Work Phone _____

Email _____

Contact Preference _____ Phone _____ Email _____

Occupation (Required) _____

Spouse _____

DUES: (check one)

_____ Regular (\$20)

_____ Supporting (\$25, includes \$5 donation)

_____ Associate—Republican Men (\$25)

_____ Dual Member of another TFRW Club (\$20)

Name of Club _____



Make checks payable to **MCRW PAC**
(No corporate checks permitted.)
Mail to: P. O. Box 4024, Midland, TX 79704

I hereby give MCRW PAC permission to publish my information on the website at www.mcrw.us with a member restricted access.

Member Signature