



MEMBERSHIP APPLICATION

JOIN NOW FOR 2026

Mail to PCRW Attn: Membership, P.O. Box 283, Weatherford, Texas 76086

PLEASE PRINT CLEARLY ___ *New* or ___ *Renewal*

Today's Date: _____

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) Primary Club _____
- ___ 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, place a checkmark in the box beside that item)

Occupation: _____ (Note: occupation is required for reporting purposes)

Birthday month: _____ Day: _____ Recruited by: _____

Please contact me regarding the following PCRW activities:

Headquarters Fundraisers Festivals Voter registration Hospitality Campaign activities Awards Parades Other

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

Credit/Debit Name as it appears on card: _____

Billing address for card: _____, Zip _____

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

Credit Card Number: _____ Security Code # _____

Expiration Date ____ / ____ Signature _____

**MEETINGS ARE 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 _____