



# MEMBERSHIP FORM

**\*\*You may also renew and pay ONLINE at <https://gcrw.org/membership/>.\*\***

## SECTION 1 – ARE YOU A NEW OR RENEWING MEMBER?

- Renewing Member** – Are there changes to be made to your prior membership information?
  - No** (complete SECTION 3 - PAYMENT)
  - Yes** (complete SECTION 2 – MEMBER INFORMATION)

**Please AFFIRM the following statement by initialing afterwards:** *“I am aware that GCRW will publish my information as previously provided to GCRW, either directly or indirectly, in the annual GCRW member directory, including but not limited to my address, email, phone number, precinct, Senate district, and House district. I am aware this directory is distributed to all members and the public, and I give GCRW permission to publish my information.”* \_\_\_\_\_(INITIAL HERE)

**\*\*If you need to change any information for the GCRW directory, please make those changes in Section 2 – Member Information and complete the Important Notice and Consent to Publish in that section.\*\***

- New Member** – Complete SECTION 2 – MEMBER INFORMATION and SECTION 3 - PAYMENT

## SECTION 2 – MEMBER INFORMATION

Member Name: First \_\_\_\_\_ Last \_\_\_\_\_

Spouse’s Name: First \_\_\_\_\_ Last \_\_\_\_\_

Is your spouse a current GCRW member?  Yes  No

Is your spouse also joining GCRW?  Yes  No

**\*\*If yes on either, please complete a separate Member Form for your spouse\*\***

Address: Street: \_\_\_\_\_

Apt / Ste / Bldg #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County of Residence: \_\_\_\_\_

Email Address: \_\_\_\_\_

Can we add you to the GCRW email list?  Yes  No

Preferred Phone Number: \_\_\_\_\_

Is this your  home,  cell, or  work phone number?

Birthday Month: \_\_\_\_\_ Day: \_\_\_\_\_

Precinct #: \_\_\_\_\_

Senate District:  2  8  30 Other: \_\_\_\_\_

House District: \_\_\_33 \_\_\_61 \_\_\_66 \_\_\_67 \_\_\_70 \_\_\_89 Other: \_\_\_\_\_

**IMPORTANT NOTICE AND CONSENT TO PUBLISH:**

**GCRW publishes an annual directory that is distributed to all members. The directory may include all the Member Information in Section 2. Do you give GCRW permission to publish all information listed in Section 2 of this Membership Form? \_\_\_ Yes \_\_\_ No**

If you stated "NO" to the **Important Notice and Consent to Publish**, please specify what you do not consent to publication and if applicable, provide alternative information (address, email, phone, etc.) below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you interested in serving on the GCRW Board? \_\_\_ Yes \_\_\_ No  
Are you interested in serving on a GCRW committee? \_\_\_ Yes \_\_\_ No  
Are you interested in helping with GCRW campaign efforts? \_\_\_ Yes \_\_\_ No  
Are you interested in helping with GCRW community outreach? \_\_\_ Yes \_\_\_ No

**SECTION 3 – PAYMENT**

**MEMBERSHIP TYPE:**

- FEMALE - Primary Club Member (\$30)  
 FEMALE Associate (\$25) = GCRW is **NOT** your primary club. The name of your Primary Club is:  
\_\_\_\_\_  
 MALE Associate (\$25)       YOUTH Affiliate (\$10).

**FORM OF PAYMENT:**

- Check Enclosed - Amount: \$\_\_\_\_\_.00  
 Cash Enclosed - Amount: \$\_\_\_\_\_.00

Are you interested in learning about becoming a Patron Member of GCRW? \_\_\_ Yes \_\_\_ No  
If yes, may someone contact you directly about becoming a Patron Member? \_\_\_ Yes \_\_\_ No

**Please mail your completed Member Form and payment to:**

**Golden Corridor Republican Women  
Attn: V.P. Membership  
P.O. Box 162 Frisco, Texas 75034**

Still have questions about GCRW membership? Please contact our V.P. Membership, Shayla Smith, at [ssmithgcrw@gmail.com](mailto:ssmithgcrw@gmail.com).

***THANK YOU for joining Golden Corridor Republican Women!  
We are grateful for your membership and involvement!***

GOLDEN CORRIDOR IS A NON-PROFIT ORGANIZATION PURSUANT TO SECTION 501(c)(3) OF THE UNITED STATES INTERNAL REVENUE CODE.