2023 Membership Application

Please mail this form with your check (not corporate check) or credit card information payable to:  
**GCRW, PO Box 162, Frisco, TX 7503**4 GCRW.org

\_\_\_\_\_\_ $35 Primary Members - Women who are not members of another club federated with Texas Federation of Republican Women (TFRW)

\_\_\_\_\_\_ $25 Associate Members - Men or Women who are members of another TFRW club

\_\_\_\_\_\_ $10 Youth Members under 18 years of age

\_\_\_\_\_\_ $500 Diamond Patron - Business Card in Slide show at general meetings, Website, Newsletter, Directory, three memberships

\_\_\_\_\_\_ $200 Ruby Patron - Business Card in Website, Newsletter, Directory, two memberships

\_\_\_\_\_\_ $150 Sapphire Patron - Business Card in Website, Directory, two memberships  
\_\_\_\_\_\_ $100 Topaz Patron - Business Card in Website, one membership

\_\_\_\_\_ I give permission for my contact information to be published in the GCRW directory that is distributed to members. [If not all the information is to be published, please use a \* before information that is to be unpublished.] **Please print!** Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spouse \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City Zip Code

Phone numbers \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Cell Office

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthday (month & day) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

as requested by the Texas Ethics Commission

Precinct # \_\_\_\_\_\_\_ House District \_\_\_\_\_\_ Senate District \_\_\_\_\_\_ Congressional District \_\_\_\_\_\_\_

Member Spouse Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthday (month & day) \_\_\_\_\_\_\_\_\_\_

Member Spouse phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ I am interested in getting more involved and might enjoy serving on a GCRW committee.

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

If paying by credit card, card numbers MM / YY CVC

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

Cardholder Name