

For office use:

Date received: Ck. # _____ or Cash__ Amt paid_____

2016 Spirit of Freedom Republican Women's PAC

Registration Form

Please complete form and return with your dues.

Please mail to:

Lynelle Eddins
2016 Membership VP
4710 Kirkwall Dr
Sugar Land, TX 77479

(Please print)

Name as should be on Name Badge

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

(Required)

(Required)

Occupation: _____ Employer: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ E-Mail Address: _____

Birthday (Month/Day) _____ Voting Precinct _____

Spouse Name: _____

If spouse is joining as Associate member, complete the following spouse information:

Spouse Birthday (Month/Day) _____ Spouse E-Mail Address: _____

Spouse Occupation: _____ Spouse Employer: _____

___ Full Membership - \$30.00

___ Associate Membership(s) - \$15.00 each **(Men or Full members of another *TFRW club)**

***Texas Federation of Republican Women**

Female Associates: Please give the name of the TFRW club you are a **Full** member of:

**Please make checks payable to "Spirit of Freedom Republican Women's PAC."
Corporate checks disallowed by McCain-Feingold.**