

**Coppell Republican Women's Club  
2018 Membership Application**

\_\_\_\_\_  
Name Spouse's name

\_\_\_\_\_  
Address City Zip Code County

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

\_\_\_\_\_  
Home number Cell number Work number

\_\_\_\_\_  
Members Occupation (Required) Birthday (Month/Day)

Registered Voter \_\_\_\_\_ Yes \_\_\_\_\_ No Precinct # \_\_\_\_\_

**Membership Type**

\_\_\_\_\_ \$30 Active Member-Voting Privileges

\_\_\_\_\_ \$15 Associate Member Home Club: \_\_\_\_\_  
(Men, spouses, and those women for whom this is a secondary club)

\_\_\_\_\_ \$10 Student Member-High School/College

\_\_\_\_\_ \$10 I would like a Club Name Tag

**I AM INTERESTED IN THE FOLLOWING COMMITTEES**

Programs _____	Membership _____	Campaign Activities _____
Legislative _____	Fund Raising _____	Scholarship _____
Publicity _____	Hospitality _____	Flag Program _____
Other _____		

**Mail membership application and check made payable to CRWC:**

P.O. Box 2151  
Coppell, TX 75019  
Questions: [mays.linda@verizon.net](mailto:mays.linda@verizon.net) or 214-418-9877

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