

NORTH SHORE REPUBLICAN WOMEN MEMBERSHIP FORM - 2025

(PLEASE PRINT)

Name: _____

Spouse Name (if applicable):

Home Address:

City:

Zip code _____

Mailing Address (If different for mailings):

Home Phone:

Cell:

E-Mail: _____

Texas Senate district in which you reside _____

Occupation (Required for PAC reporting):

OR (Please check if retired) _____

NSRW may/may not (circle one) publish this information in its printed and electronic form

Do you want a Yearbook? Yes ___ No ___

Prefer: Electronically _____ Printed _____

Please check one:


New _____ Renewal _____

Membership Fees: (Circle One)

Active: \$40 Associate: \$20

Young Affiliate: \$10

Seniors 75+ discount offered: \$30

Lighthouse Circle  (see website): In addition, I would like to contribute _____ \$15, ___ \$25, _____ \$50 or \$_____ to support various NSRW philanthropy programs (any amount would be greatly appreciated).

Active membership is for all women with NSRW as their primary membership. Associate membership is for women with other Republican Women memberships, and men. Associate women please specify your other current active membership: _____ Young Affiliate is teenage women ages thirteen through seventeen.

NSRW has my permission to send the monthly Beacon newsletter to me by email yes/no (circle one)

***** Please mail this form with your check payable to NSRW to:**

P.O. Box 1993, Montgomery, TX 77356