



FAYETTE COUNTY REPUBLICAN PARTY MEMBERSHIP APPLICATION

Please Mail to: **FAYETTE COUNTY REPUBLICAN PARTY**
ATTN. TREASURER
P. O. BOX 334
LA GRANGE, TEXAS 78945

Name/s: _____

Mailing Address (w/zip): _____

Home Address:

(If different from above)

Home Phone: _____ **Work Phone:** _____

Cell _____ **E-mail** _____

Occupation: _____

(Required for our Texas Ethics Commission reports)

Make check payable to the Fayette County Republican Party or FCRP

Please indicate membership level desired for a couple or an individual (couples join for the price of one).

BASIC (\$10)	_____	GOLD (\$75)	_____
BRONZE (\$25)	_____	PLATINUM (\$100)	_____
SILVER (\$50)	_____	DIAMOND (\$200plus)	_____
PRESIDENTIAL (\$500 & OVER)		_____	

May we list your name in the newsletter?

YES _____ **NO** _____

I would like to volunteer to:

I have skills in _____