

FAYETTE COUNTY REPUBLICAN PARTY

MEMBERSHIP APPLICATION

Please Mail to: THE FAYETTE COUNTY REPUBLICAN PARTY
P. O. BOX 91
LA GRANGE, TEXAS 78945

Name/s: _____

Mailing Address: _____

Home Address: _____

Home Phone: _____ Workphone _____

Occupation: _____ E-mail _____
(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 (\$200) _____

PRESIDENTIAL (\$500 & OVER) _____

May we list your name in the newsletter?
YES _____ NO _____