



MEMBERSHIP APPLICATION

DATE: _____

New _____ Renew _____

NAME: Last _____ First: _____

SPOUSE'S NAME: _____

(Give name here, but please complete separate application for spouse if associate member.)

ADDRESS: Street / PO Box _____

City: _____

OCCUPATION/EMPLOYER

(Required by Texas Ethics Commission)

PHONES:

Home: () _____ Office: () _____ Cell: () _____

E-MAIL ADDRESS:

Active Member - \$35.00

Associate Member - \$20.00

Make check payable to BCRW and mail with this form to:

BCRW PAC Treasurer
P.O. Box 1055
Marble Falls, Texas 78654