



**Member/Donor Form**

Name(s) \_\_\_\_\_

Home Address \_\_\_\_\_ Apt/Unit \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # Home \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Senate District # \_\_\_\_\_ Precinct # \_\_\_\_\_ Precinct Chair Y/N \_\_\_\_\_

\*\*Employer \_\_\_\_\_

\*\*Occupation \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

New Member/Renewal/Donor \_\_\_\_\_

Annual Membership Dues: Individual \$25.00, Family \$40.00, Student \$12.00

**\*\*This information is required by the Texas Ethics Commission**