



## Membership Form

Name: \_\_\_\_\_

Spouse: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Precinct: \_\_\_\_\_

Member & Spouse .....\$50.00

Member .....\$35.00

Checks payable to: Lone Star Republican Club ( LSRC )

Mail to: Lone Star Republican Club

P.O. Box 74

Larue, Texas 75770