



# MEMBERSHIP 2026

To apply for membership please complete all questions.

First & Last Name:

Spouse's First & Last Name:

Cell Phone Number:

Email Address:

Full Mailing Address (street address, city, zip)

Occupation: (if retired, indicate "retired")

Employer: (if retired, put N/A)

Birthday (Month/ Day)

Precinct #:

Did you vote in recent Primary? If not, when

Membership Type

 Full Member (\$40)  
Ladies Only Associate Member (\$25) Men Only or those  
who are members of another club

Gender:

 Female  Male

Member of another RW Club? If Yes, which club:

Renewal:

 Member since? 

New Member

 Who Referred You? 

How did you hear about CCRW? (ie: website, social media, newspaper (which one), friend (who?))

Interested in helping with: (check all that apply):

- Audits
- Caring for America
- Hospitality
- Parliamentary
- Awards
- Directory
- Legislative Updates
- Publicity
- Bylaws
- Events
- Literacy
- Social Media
- Campaign Activities
- Fundraising
- Newsletter
- Website
- Outreach
- Other

Indicate any other interests and hobbies..... or additional comments:

**Make checks payable to CCRW PAC & mail to: PO BOX 2171, League City, Tx 77574-2171**

**Corporate payments are not Permitted. Dues/donations are NOT tax deductible**

PAC Treasurer Use: Date Pd:  Amt Pd:  Check #  Cash