WPRW
WEST PEARLAND REPUBLICAN WOMEN
Proudly Red

2026 Membership Form

A PERSONAL INFORMATION

Full Name :

Senate District : **Date Of Birth** : D D M M Y Y

Address :

City, State : **Zip**

E-Mail :

Occupation : **Employer**

Phone Number :

B GET INVOLVED - COMMITTEE PARTICIPATION

☐ **Political Activities - Assist with various campaign endeavors**

☐ **Caring for America - Assist with Caring for America projects**

☐ **Fundraising - Assist with Proudly Red fundraising event**

C SELECT YOUR MEMBERSHIP LEVEL

Membership Type; : ☐ Primary ($30) ☐ Associate ($10)

Notes :
If you pay by 12/31/25 Primary Membership is $25

Additional Donation:

Make Checks Payable to West Pearland Republican Women

I am a registered voter, and I will support REPUBLICAN ideals and encourage loyalty to the Republican Party.

Signature : **Date:**

D TO BE COMPLETED BY WPRW

Total Received: **CHECK #:** **CASH**

In accordance with the State (TFRW) and National (NFRW), the WPRW fiscal year is 1/1-12/31. Dues paid after 11/1 are sent to TFRW to cover the full year that begins the following January. This covers your membership in WPRW, TFRW, and NFRW for the upcoming year.

Mail form and payment to: WPRW-PAC Treasurer, 8325 Broadway Suite 202 Box 27 Pearland TX 77581