



## MEMBERSHIP APPLICATION

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

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

City, State, Zip: \_\_\_\_\_

County: \_\_\_\_\_

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

Phone Number (home/cell): \_\_\_\_\_

### **MEMBER-SPONSOR CERTIFICATION**

*As a Member of WCRL, I hereby certify that I know this applicant, and to the best of my knowledge this individual is registered to vote; is in agreement with the mission of WCRL; is of good moral character; and is committed to elect Republican candidates.*

WCRL Member-Sponsor Signature: \_\_\_\_\_

WCRL Member-Sponsor Printed Name: \_\_\_\_\_

### **APPLICANT OATH OF AFFILIATION**

*I hereby certify that I am a registered voter in Texas and affiliate myself with the Republican Party. I furthermore agree that WCRL has the right to publicly acknowledge this affiliation.*

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return completed application to a Member Meeting; or scan and submit via email to [WilcoRepublicanLeaders@gmail.com](mailto:WilcoRepublicanLeaders@gmail.com); or mail to: WCRL, P.O. Box 1595, Cedar Park, TX 78631. If your application is approved by the membership, you will be notified and invoiced for dues. **SEND NO MONEY WITH THIS APPLICATION.**