Member Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____

Membership Level:

_____Individual $25.00 annually _____Family $35.00 annually _____Student Sponsor $10.00

*Membership Effective January 01, 2017 thru December 31, 2017

Payment: ❑ Enclosed Check # _____ ❑ Cash for $ _____ ❑ Credit Card $ _____

_____(_____/_____)_____(_____)_
Credit Card Number Expiration Date Security Code

_____(_____)_
Name on Card Billing Zip Code

_____
Signature

❑ Member's name may be used in approved Texas Latino GOP PAC Publications.

Additional Contribution Information:
Corporate contributions are permissible under Election Code Sec. 253100 (a).

_____ $5,000 _____ $2,500 _____ $1,000 _____ $500 _____ $250 _____ $100 Other $_____

Occupation: _____ Employer: _____

Please make checks payable to "Texas Latino GOP PAC"
P.O. Box 130853, Houston, TX 77219-0853

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Texas Latino GOP PAC

P.O. Box 130853, Houston, Texas 77219-0853 * 832-521-1962 Phone