

State Tejano Democrats

2024-2025 Membership Application Form

| MEMBERSHIP STATUS | New | Renewal | |
|---|---|---|---|
| Tejano Chapter Name: | | | ····· |
| Senate District: | | Coui | nty: |
| PERSONAL INFORMATION Name: | | | |
| Date of Birth: | | | Number: |
| Email: | | | |
| | | | |
| Home Address, City, State, Z | ip: | | |
| Mailing Address, City, State, | Zip: | | |
| Occupation: | | | et your occupation, title, and employer. |
| | | | |
| State Dues of \$15.00 shall be from August 1 until July 31 of | collected from the following y pay dues durin | n each Tejano Democrat rear. The dues paid shall ng June and July of each | member each year and the dues year shall be be applied to the dues year during which they year and have those dues apply to the bership – Section 3, State Tejano Bylaws) |
| SIGNATURE | | | |
| Applicant signature is require | d to join Tej | jano Democrats. | |
| | Name | | Date |