

2024-2025 NOTARIZED ROSTER FORM

Mail Membership Roster, Membership Applications and Membership Dues Teresa Perez-Wisely, Treasurer, 909 Theresa Ave., Austin, TX 78703.

I, as Chair/Treasurer of the Tejano Democrats
Chapter do hereby swear that the
members whose names appear on the attached Tejano Democrats Chapte
Membership Roster and Membership Application Forms are members whos
membership dues are hereby paid and that the Voter Registration Number
submitted is true and correct. I do hereby submit their names for membership
the State organization of Tejano Democrats and for recognition of members
good standing and all privileges of such be conveyed upon the Chapter and eac
member.
Ias Chair/Treasurer of the Tejano Democrats,
do hereby swear that the Officers whose names ARE listed below are Officer
who were duly elected to represent its membership and the Chapter in a
activities and business of the Chapter. Officer positions that do not have name
LISTED were not filled.

2024-2025 Tejano Democrats Chapter Officers

Chair:			
	 		
City, State, Zip Cod	le, County:	· · · · · · · · · · · · · · · · · · ·	
	Cell Phone:		
Email:			
1 st Vice Chair:			
Address:			
City, State, Zip Cod	le, County:		
	Cell Phone:		
Email:			
2 nd Vice Chair:			
City, State, Zip Cod	le, County:		
	Cell Phone:		
Email:			
Vice Chair for Youth	n:		
Address:			
City, State, Zip Cod	le, County:		
	Cell Phone:		
Email:			

I reasurer:		<u> </u>	
Address:			
City, State, Zip Code, County			
Tele	Cell Phone:	Fax	<u>.</u>
Email:			
Secretary:			
Address:		_	
City, State, Zip Code, County	y:		
Tele	Cell Phone:	Fax	·
Email:			
Parliamentarian:			
Address:		_	
City, State, Zip Code, County	y:		
Tele	Cell Phone:	Fax	:
Email:			
Certificate	of Acknowledgme	nt of Notary Public	
	-	-	
State of		_)	
County of)	
On	, before me, _	,	a notary public ir
and for said state, personally	y appeared		personally known
o me (or proved to me on	the basis of satis	sfactory evidence)	to be the person
whose name is subscribed to	o the within instru	ıment, and acknow	ledged to me that
they executed the same in the	heir authorized ca	pacity and that by	their signature on
the instrument, the person,	or the entity upor	n behalf of which	the person acted
executed the instrument.			

	WITNESS my hand and official seal.	
	Notary Public for the State of	
	My commission expires	
[NOTARY SEAL]		
DATE:		