DALLAS COUNTY YOUNG REPUBLICANS
APPLICATION FOR MEMBERSHIP

Personal Information ☐ Mr. ☐ Mrs. ☐ Ms.

Name: _____

Date of Birth: _____/_____/_____

Home Address: _____

County of Residence: _____

Home Phone: _____-_____-_____

Home Fax: _____-_____-_____

Personal email: _____@_____

Marital Status: ☐ married ☐ single

Occupational Information (optional)

Place of Business: _____

Position: _____

Work Address: _____

Work Phone: _____

Work Fax: _____

Work email: _____

Areas of Interest (please check): ☐ Fundraising ☐ Volunteering ☐ Membership

☐ Public Relations ☐ Community Service

☐ Political Activities Other (please indicate) _____

Contact Preferences (please check):

	Home	Work
Via mail:	☐	☐
Via e-mail:	☐	☐
Via telephone:	☐	☐
Via fax:	☐	☐

Membership Dues:

- **Regular ($35.00)**. Full voting membership. Applicants must be between ages of 18-40 and a United States Citizen.
- **Married Couples ($50.00)**. Same status/voting rights as above.
- **Associate ($25.00)**. Non-voting membership for persons unable to meet the requirements for Regular membership who still wish to be involved in the organization.

Membership Directory Information:

☐ Home address/Contact Information
☐ Work address/Contact Information
☐ Please do not publish any information in your Membership Directory

Remittance Advice:

Annual Dues	$ _____
Contributions to Philanthropy Fund	$ _____
Total	$ _____
Date Paid	_____

Mail this Application, with check, to: **DCYR**
PO Box 600256
Dallas, Texas 75360-0256