



2023-2024 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 Chapter
Membership Roster and Membership Application Forms are members whose
membership dues are hereby paid and that the Voter Registration Number
submitted is true and correct. I do hereby submit their names for membership of
the State organization of Tejano Democrats and for recognition of members in
good standing and all privileges of such be conveyed upon the Chapter and each
member.

I _____ as Chair/Treasurer of the Tejano Democrats, I
do hereby swear that the Officers whose names ARE listed below are Officers
who were duly elected to represent its membership and the Chapter in all
activities and business of the Chapter. Officer positions that do not have names
LISTED were not filled.

Chair/Treasurer Signature

Date

2023-2024 Chapter Officers

Chair: _____
Address: _____
City, State, Zip Code, County: _____
Tele. _____ Cell Phone: _____ Fax: _____
Email: _____

1st Vice Chair: _____
Address: _____
City, State, Zip Code, County: _____
Tele. _____ Cell Phone: _____ Fax: _____
Email: _____

2nd Vice Chair: _____
Address: _____
City, State, Zip Code, County: _____
Tele. _____ Cell Phone: _____ Fax: _____
Email: _____

Vice Chair for Youth: _____
Address: _____
City, State, Zip Code, County: _____
Tele. _____ Cell Phone: _____ Fax: _____
Email: _____

Treasurer: _____
Address: _____
City, State, Zip Code, County: _____
Tele. _____ Cell Phone: _____ Fax: _____

Email: _____

Secretary: _____

Address: _____

City, State, Zip Code, County: _____

Tele. _____ Cell Phone: _____ Fax: _____

Email: _____

Parliamentarian: _____

Address: _____

City, State, Zip Code, County: _____

Tele. _____ Cell Phone: _____ Fax: _____

Email: _____

Certificate of Acknowledgment of Notary Public

State of _____)

)

County of _____)

On _____, before me, _____, a notary public in
and for said state, personally appeared _____ personally known
to me (or proved to me on the basis of satisfactory evidence) to be the person
whose name is subscribed to the within instrument, and acknowledged to me that
they executed the same in their authorized capacity and that by their signature on
the instrument, the person, or the entity upon 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: _____