

State Tejano Democrats

2023-2024 Membership Application Form

MEMBERSHIP STATUS	inew	Renewai	At-Large	No Aπiliation
Tejano Chapter Name:				
Senate District:			County:	-
PERSONAL INFORMATION Name:				
Date of Birth:		Voter Regis	tration Numbe	r:
Email:				
Home Address, City, State, Zi	p:			
Mailing Address, City, State, 2	Zip:			
State Dues are \$15.00. For d Occupation:			<u> </u>	
Title:				
Employer/Company:				
	he following y pay dues durir	rear. The dues paring June and July	id shall be applied of each year and	each year and the dues year shall be d to the dues year during which they have those dues apply to the - Section 3, State Tejano Bylaws)
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SIGNATURE				
Applicant signature is required	d to join Tej	jano Democrat	S.	