DEMOCRATS
La Voz Del Pueblo

2025-2026 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

2025-2026 Tejano Democrats 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: _____