



MEMBERSHIP FORM 2024 - 2025

Membership Status:		
New <input type="checkbox"/>	Renewal <input type="checkbox"/>	At-Large <input type="checkbox"/>
Name:		Date:
Home Address:		City/Zip:
Mailing Address:		City/Zip:
Phone/Cell.:	Phone/Home:	Phone/Work:
Email:	Date of Birth:	
Senate District:	County:	Voter Reg. ID:
<p>Membership fee \$15.00 for state dues. Any donation to our chapter that is over \$50.00 is reported to the State Ethics Commission, as we are registered with that division.</p>		
Required Occupation:		*Required* Employer:
Required Signature:		
<p>Send Membership Fee and Completed Form To: Bexar County SD 19 Tejano Democrats, Elizabeth F. Limon - Treasurer 574 Kendalia St., San Antonio, Texas 78221</p>		