



Texas Federation of Republican Women

CANDIDATE DEVELOPMENT PROGRAM SPRING 2022

APPLICATION

I. Participant's Information:

Name _____ Senate District # _____

Email _____

Home Phone _____ Mobile Phone _____

Address, City, Zip _____

Occupation _____

* I am a member of _____ (a TFRW Club)

* I plan to run for office within: 1 year 1-3 years 3-5 years

* For what level of office are you interested in running?

Municipal County State Federal

* Requirements

II. References (At least one reference must be a member of a TFRW club.):

1) Name _____

Title and/or Organization _____

Home Phone _____ Mobile Phone _____

Email _____

Is a member of _____ (a TFRW club)

Is not a member of a TFRW club?

2) Name _____

Title and/or Organization _____

Home Phone _____ Mobile Phone _____

Email _____

Is a member of _____ (a TFRW club)

Is not a member of a TFRW club?

3) Name _____

Title and/or Organization _____

Home Phone _____ Mobile Phone _____

Email _____

Is a member of _____ (a TFRW club)

Is not a member of a TFRW club?

III. Please write a paragraph discussing your goals and purpose for seeking public office.

Signature

Date