



Texas Federation of Republican Women

CANDIDATE DEVELOPMENT PROGRAM SUMMER 2023

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?

☐ Local ☐ 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

Please email your completed application to: trasa@trasarobertsoncobern.com