



## FTP Membership Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Spouse **IF JOINING**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Voting Precinct Number: \_\_\_\_\_

Amount paid: \_\_\_\_\_

Paid by: Check \_\_\_ Cash \_\_\_

Fee: 20.00 Annually, per person

Mail to: FTP

P.O. Box 343

Fredericksburg, TX 78624