



**State Employee Charitable Campaign
Membership Application**

PLEASE PRINT OUT APPLICATION

Level of Membership (Please indicate):

___ Bronze Star Society ___ Texas Spirit Society ___ Story of Texas Society

Is this a renewal of an existing membership? No Yes If yes, Member # _____

First Adult

Mr./Mrs./Ms./Dr. _____

Second Adult:

Mr./Mrs./Ms./Dr. _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work Phone: _____

E-mail: _____

No. of kids/grandkids 18 and under _____

State Agency Name _____

Dept./Unit #/Facility/Location: _____

State Agency Number: _____

Please return this form, with a copy of your Pledge Authorization Form to:

The Bob Bullock Texas State History Museum

Membership Department

P.O. Box 12874

Austin, Texas 78711

Phone: (512) 936-4602

Fax: (512) 936-4699