

REPUBLICAN PARTY OF CLARK COUNTY

MEMBERSHIP APPLICATION

_____Membership Renewal _____New Member _____Change of Address

Suggested Annual Membership Dues; January 1 through December 31

_____ \$15 Individual _____ \$25 Couple _____ \$25 Associate Member (non resident)

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Email _____

I affirm that I am eligible to vote in any national or state election, and believe in the objectives, purposes and principles of the Republican Party; and will preserve our Republican form of government as created under the Constitution of the United States and the Constitution of Wisconsin.

Signed _____ **Date** _____

Make checks payable to:

Republican Party Clark County

Send to:

P.O. Box 183
Neillsville, Wi. 54456

Count on me to help with:

_____ membership _____ phone calls _____ yard signs _____ mailings _____ fair booth
_____ fund raiser _____ special events _____ other (describe:)

Optional: State law requires that we ask your occupation and employer's name and address, if your contributions total \$100 or more in a year.

Occupation _____ Employer _____

Employer's Address _____

Authorized and paid for by Republican Party Clark County, Sandy Luedke, Treasurer

Please contact Erin Yager with any questions or concerns. Erin Yager email: eriny441@gmail.com