



# MACOMB COUNTY REPUBLICAN PARTY 2020 MEMBERSHIP APPLICATION



Please make checks or money orders payable to: **MACOMB COUNTY REPUBLICAN PARTY**

Or you can pay online by visiting [www.MacombGOP.com](http://www.MacombGOP.com)

### SELECT LEVEL

### OFFICE USE

<input type="checkbox"/>	<b>STUDENT LEVEL</b> \$10 annually	College Student \$10 annually for college students, FREE for high school students	<input type="checkbox"/>
<input type="checkbox"/>	<b>GOP CLUB</b> \$25 annually	Single membership with membership card	<input type="checkbox"/>
<input type="checkbox"/>	<b>FAMILY CLUB</b> \$40 annually	Same as the GOP CLUB for all family members living in your home	<input type="checkbox"/>
<input type="checkbox"/>	<b>MACOMB CLUB</b> \$125 annually	All benefits of the FAMILY CLUB plus a Macomb GOP lapel pin	<input type="checkbox"/>
<input type="checkbox"/>	<b>COMMISSIONERS CLUB</b> \$250 annually	All the benefits of the MACOMB CLUB plus ONE (1) ticket to the next Lincoln Dinner, complete with admission to the private pre-dinner reception	<input type="checkbox"/>
<input type="checkbox"/>	<b>GOP VICTORY CLUB</b> \$500 annually	All the benefits of the MACOMB CLUB plus TWO (2) tickets to the next Lincoln Dinner, complete with admission to the private pre-dinner reception	<input type="checkbox"/>

### MEMBER INFORMATION

Primary Member's Full Name: \_\_\_\_\_

Spouse's Full Name (if Family Club or higher): \_\_\_\_\_

Children's Full Name (if Family Club or higher): \_\_\_\_\_

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

City/State/Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

Total Number of Registered Voters at this Address: \_\_\_\_\_

Who referred you to the Macomb GOP? \_\_\_\_\_

If Student, please provide school and age: School: \_\_\_\_\_

Age: \_\_\_\_\_

Federal Election Law requires political committees to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 per election cycle

Primary Member's Employer's Name: \_\_\_\_\_

Primary Member's Employer's Street Address: \_\_\_\_\_

Primary Member's Employer's City, State, Zip Code: \_\_\_\_\_

Primary Member's Occupation: \_\_\_\_\_

Membership contributions will be used for party operations and grassroots activity

Mail this form along with payment to: **MCRP** • P.O. Box 380962 • Clinton Township, MI 48038