



MACOMB COUNTY REPUBLICAN PARTY

2019 MEMBERSHIP APPLICATION

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

Or you can pay online by visiting www.MacombGOP.com

SELECT LEVEL

OFFICE USE

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

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

Paid for by the Macomb County Republican Party • PO Box 380962 • Clinton Township, MI 48038 • www.MacombGop.com