



Application for Membership
Passaic County Republican Organization, Inc.
Hawthorne Republican Club
P.O. Box 440
Hawthorne, NJ 07506

New _____
Renewal _____
(please check one)

Date _____

I, _____ the undersigned, being a Republican of voting age, respectfully apply for membership in your organization, and if accepted, promise to support its Constitution and Bylaws.

Occupation: _____

Residence: _____

Phone #: _____ Email: _____

Type of Membership Desired: (Check one)

Regular Membership (\$24 per year) _____
Senior Citizen Members (\$12 per year) _____
Student Membership (Free until graduation) _____
Life Membership (\$175: One time only) _____

Make Check Payable to : HRRO & mail to the above address

Signature of Applicant _____

Proposed by: _____

First Year Dues Must Accompany this Application

For Membership Committee Only

Voting Status Verified: _____

Residence: _____

Approved: _____ Not Recommended: _____

Entered on Membership Roll: _____ Membership Card Mailed: _____
(Date) (Date)

Membership Committee Chairperson _____ Date: _____

Marco A. Totaro, President – 201-321-5055 email: hawthornerepublicanclub@gmail.com