

Date Paid \_\_\_\_\_

Republican Party of



Chippewa County, WI

**MEMBERSHIP FORM**

Membership—Calendar Year January 1-December 31

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Municipality \_\_\_\_\_ Ward \_\_\_\_\_ County District \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

Referred By: \_\_\_\_\_

**Please make checks payable to: Republican Party of Chippewa County**

**Membership Dues:**

Student \$12  
Single \$25  
Couple \$40

**Mail Memberships To:**

PO Box 384  
Chippewa Falls, WI 54729

**Paid with Check#** \_\_\_\_\_ **OR** **Cash** \_\_\_\_\_

**The following information is required for contributions of \$100 or more:**

Job Title \_\_\_\_\_

Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_

**I am interested in the following activities:**

- Volunteering at the headquarters
- Parades, festivals and fairs
- Becoming a poll worker
- Hosting a fundraiser
- Organizing an event
- Placing a 4x8 sign in my yard
- Helping out on Election Day
- Assembling a mailing
- Door Knocking
- Making phone calls

**Notes or Comments:**

\_\_\_\_\_  
\_\_\_\_\_

Membership subject to Exec. Committee approval, all due donations are non-refundable

Authorized and paid for by the Republican Party of Chippewa