

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



**CHIPPEWA COUNTY REPUBLICAN PARTY 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: Chippewa County Republican Party**

**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:**

- |   |  |
|---|--|
| <input type="checkbox"/> Volunteering at the headquarters | <input type="checkbox"/> Placing a 4x8 sign in my yard |
| <input type="checkbox"/> Parades, and festivals           | <input type="checkbox"/> Helping out on Election Day   |
| <input type="checkbox"/> Fairs                            | <input type="checkbox"/> Assembling a mailing          |
| <input type="checkbox"/> Hosting a fundraiser             | <input type="checkbox"/> Door Knocking                 |
| <input type="checkbox"/> Organizing an event              | <input type="checkbox"/> Making phone calls            |

**Notes or Comments:**

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

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

Authorized and paid for by the Chippewa County Republican Party