



CHIPPEWA COUNTY REPUBLICAN PARTY MEMBERSHIP FORM

Membership—Calendar Year January 1-December 31

Name(s) _____

Address _____

Municipality _____ Ward _____

County District _____ Date Paid _____

Telephone _____ Cell Phone _____

Email Address _____

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