

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 \$10

Single \$20

Couple \$30

Gold \$50 includes 2 tickets to Annual Corn Roast

Mail Memberships To:

POB 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, fairs, and festivals

Assembling a mailing

Hosting a fundraiser

Organizing an event

Placing a 4x8 sign in my yard

Helping out on Election Day

Stuffing rural newspaper boxes

Literature dropping

Making phone calls

Notes or Comments: