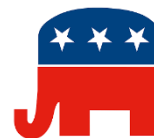


**BARRON COUNTY REPUBLICAN PARTY**  
Membership Application & Donations



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

Address\* \_\_\_\_\_

City\* \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

His Phone: \_\_\_\_\_ Her Phone: \_\_\_\_\_

His Email Address: \_\_\_\_\_

Her Email Address: \_\_\_\_\_

Occupation(s)\* \_\_\_\_\_

*\* Fields required by law.*

**Membership year runs January 1 through December 31 of the current year.**

☐ Membership is \$25 per person

\$25.00 x \_\_\_\_ = \$\_\_\_\_\_

☐ Donation

\$\_\_\_\_\_

I am willing to help in the following ways:

Make personal checks payable to **Barron County Republican Party** and mail this completed application with a check to:

Barron County Republican Party  
P.O. Box 751  
Rice Lake, WI 54868