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 current year.

- ☐ Individual Membership ($25/person) $_____
- ☐ Couple Membership ($40/couple) $_____
- ☐ 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