



BARRON COUNTY REPUBLICAN PARTY
Membership Application & Donations



Name(s)* _____

Address* _____

City* _____ State _____ Zip _____

His Phone _____ Her Phone _____

His Email Address _____

His Email Address _____

Occupation* _____

** Fields required by law.*

Membership year runs January 1 through December 31, 2025.

☐ Individual Membership (\$20/person) $\$20.00 \times \underline{\hspace{1cm}} = \$\underline{\hspace{1cm}}$

☐ Donation $\$ \underline{\hspace{1cm}}$

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