

**Grand Traverse County Republican Party**  
**Membership Form**  
(Please Print)

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Register voter in what Township/City \_\_\_\_\_

Please Select Membership Level Desired:

- |  |                                       |                                      |
|--|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Individual \$25 | <input type="checkbox"/> Family \$45  |                                      |
| <input type="checkbox"/> Bronze \$100    | <input type="checkbox"/> Silver \$250 | <input type="checkbox"/> Gold \$500  |
| <input type="checkbox"/> Buy-a-day \$20  | number of days _____                  | <input type="checkbox"/> Other _____ |

I would like to help:

- |                                      |                                       |   |
|--------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Phone calls | <input type="checkbox"/> Door to Door | <input type="checkbox"/> Help with events |
| <input type="checkbox"/> Other _____ |                                       |   |

Please make checks payable to Grand Traverse County Republican Party or complete the form below and mail to: Grand Traverse County Republican Party, PO Box 5226, Traverse City, MI 49696.

I authorize the Grand Traverse Republican Party to charge the credit card below:

Name on Credit Card \_\_\_\_\_

Billing address \_\_\_\_\_

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Signature \_\_\_\_\_

We accept Visa, Mastercard and Discover Card only.

Paid for by the Grand Traverse County Republican Party, with regulated funds, PO Box 5226, Traverse City, MI 49696