



Grand Traverse County Republican Party

Membership Form

(Please Print)

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

E-mail _____

Employer _____

Occupation _____

Employer Address _____

City _____ State _____ Zip _____

*Campaign finance law requires us to collect your employment information.

Please Select Membership Level Desired:

- | | |
|---|---|
| <input type="checkbox"/> \$5 – Student 17 & Under | <input type="checkbox"/> \$30 – Military/Student Discount |
| <input type="checkbox"/> \$35 – Individual | <input type="checkbox"/> \$65 – Family |
| <input type="checkbox"/> \$125 – Bronze | <input type="checkbox"/> \$250 – Silver |
| <input type="checkbox"/> \$500 – Gold | <input type="checkbox"/> \$1,000 – Platinum |

Name(s) for Membership _____

Please make checks payable to *Grand Traverse County Republican Party* and mail along with completed form to:

Grand Traverse County Republican Party, PO Box 5226, Traverse City, MI 49696.

Signature _____ Date _____