



MEMBERSHIP

Republican Party of Marathon County 2019

CHOOSE ONE - NEW MEMBER

_____ \$15.00 INDIVIDUAL

_____ \$25.00 FAMILY

_____ \$5.00 STUDENT (TO AGE 23)

CHOOSE ONE - RENEWAL

_____ \$15.00 INDIVIDUAL

_____ \$25.00 FAMILY

_____ \$5.00 STUDENT (TO AGE 23)

NAME _____ SPOUSE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____




PHONE _____ CELL _____ SPOUSE _____

EMAIL ADDRESS _____ SPOUSE _____

Village, Town or City of: _____

OCCUPATION (REQUIRED BY LAW) _____

I would like to make an additional donation to Sponsor:

-  **Lincoln Day Dinner** Amount \$ _____
-  **WI Valley Fair** Amount \$ _____
-  **Special Booths/Events** Amount \$ _____

MAIL FORM & CHECK PAYMENT TO:
 REPUBLICAN PARTY OF MARATHON COUNTY
 PO BOX 834, WAUSAU, WI 54402
Contributions are not tax deductible

PAID:
CASH
CHECK#

Yes, I am a Veteran! Served: _____



2019 Membership will expire December 31, 2019
 Paid for by RPMC, Janet Herring, Treasurer