



# 2021 Membership Form

## Republican Party of Marathon County

Type of Membership (circle one)    NEW    RENEWAL

- \$25.00 Family (individual + spouse/significant other)
- \$15.00 Individual
- \$5.00 Student (18-23 years of age)

**Member #1**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Cell \_\_\_\_\_ Home \_\_\_\_\_ Other \_\_\_\_\_

phone \_\_\_\_\_ phone \_\_\_\_\_ phone \_\_\_\_\_

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

Occupation (must provide by law) \_\_\_\_\_

I am a veteran    Yes    No       Active    Yes    No       Branch \_\_\_\_\_

**Member #2 (if applicable)**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Cell \_\_\_\_\_ Home \_\_\_\_\_ Other \_\_\_\_\_

phone \_\_\_\_\_ phone \_\_\_\_\_ phone \_\_\_\_\_

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

Occupation (must provide by law) \_\_\_\_\_

I am a veteran    Yes    No       Active    Yes    No       Branch \_\_\_\_\_

**I would like to make a donation to sponsor:**

Lincoln Day Dinner                                          Amount \$ \_\_\_\_\_

WI Valley Fair Booth                                            Amount \$ \_\_\_\_\_

Special Events                                                    Amount \$ \_\_\_\_\_

Local Candidate Recruitment & Campaigns            Amount \$ \_\_\_\_\_

General Donation                                                Amount \$ \_\_\_\_\_

*Contributions are not tax deductible*

**MAIL FORM & CHECK PAYMENT TO:**  
 REPUBLICAN PARTY OF MARATHON COUNTY  
 PO BOX 834, WAUSAU, WI 54402

Membership will expire December 31 of the year submitted