



2023 Membership Form Republican Party Marathon County

for Office Use

Date: _____

Payment type

Cash _____

Check # _____

Membership (Circle one) NEW/RENEWAL

___ \$30.00 Family (Individual + Spouse/significant other)

___ \$20.00 Individual

___ \$5.00 Student (18-23 years of age)

Member #1

Name _____

Address _____

City _____ State _____ ZIP _____

Home ph: _____ Cell ph: _____

E-mail _____

Occupation (required by law) _____

I am a veteran: yes ___ no ___ Active yes ___ no ___ Branch _____

Member #2 (if applicable)

Name _____

Address _____

City _____ State _____ ZIP _____

Home ph: _____ Cell ph: _____

E-mail _____

Occupation (required 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 Amount \$ _____

Special Events Amount \$ _____

Local Candidate Recruitment and support Amount \$ _____

General Donation Amount \$ _____

Designated Fund (building rent) Amount \$ _____

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