

2024 Membership Form Republican Party of Marathon County

For Office Use	
Date:	
Payment Type:	
Cash	
Check #	

☐ \$30.00 ☐ \$20.00	Family (individual + spouse/signif	RENEWAL ficant other)
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lame		
address		
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ell phone	Home phone	Other phone
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	<u>RPMC@marathonwisgop.com</u> a safe se	nder in vour email client.
Occupation (must provide by lav	— ·	
am a veteran Yes No	Active Yes No Branch	
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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