



2025 Membership Form Republican Party of Marathon County

For Office Use
Date: _____
Payment Type: _____
Cash _____
Check # _____

Type of 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 _____
 Cell phone _____ Home phone _____ Other phone _____
 E-mail _____

Don't miss important and regular communication from the Party.

Please provide your email and make RPMC@marathonwisgop.com a safe sender in your email client.

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 phone _____ Home phone _____ Other phone _____
 E-mail _____

Don't miss important and regular communication from the Party.

Please provide your email and make RPMC@marathonwisgop.com a safe sender in your email client.

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 \$	_____
Designated Fund (building rent)	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

Paid for by the Republican Party of Marathon County