



Republican Party of Milwaukee County

Membership Year: July 1 – June 30

Application for Membership

You may also join online at mkegop.com

I/We apply to become a member/s of the **Republican Party of Milwaukee County (RPMC)**. I/We believe in the objective, purposes, and principles of the Republican Party.

Please print

First / Last Name 1: _____ Occupation/Retired: _____

First / Last Name 2: _____ Occupation/Retired: _____

Home address _____

City / State / Zip: _____

Phone 1: _____ Email 1: _____

Phone 2: _____ Email 2: _____

I/We request (check boxes):

1 Membership Year

2 Membership Years

- | | | |
|---|----------------------------------|----------------------------------|
| <input type="checkbox"/> Individual Membership | <input type="checkbox"/> \$20.00 | <input type="checkbox"/> \$37.00 |
| <input type="checkbox"/> Family Membership | <input type="checkbox"/> \$30.00 | <input type="checkbox"/> \$55.00 |
| <input type="checkbox"/> Individual - Senior Citizen (62+) | <input type="checkbox"/> \$15.00 | <input type="checkbox"/> \$27.00 |
| <input type="checkbox"/> Family - Senior Citizen (62+) | <input type="checkbox"/> \$25.00 | <input type="checkbox"/> \$45.00 |
| <input type="checkbox"/> Student - (full time college) | <input type="checkbox"/> \$10.00 | |
| <input type="checkbox"/> Student - non-voting - (under age 18) | (No dues) | |

Membership is in Branch where member resides unless another Branch is selected:

- | | | |
|--|---|------------------------------------|
| <input type="checkbox"/> Milwaukee North | <input type="checkbox"/> Northshore | <input type="checkbox"/> Wauwatosa |
| <input type="checkbox"/> Milwaukee South | <input type="checkbox"/> Southwest Suburban | |

Additional Donation:

- \$5 \$10 \$20 \$50 \$100 Other \$ _____

Attach Dues for Membership Year(s) selected above and any additional donation in **cash or personal check** payable to **Republican Party of Milwaukee County**. Dues cannot be accepted from a business or corporation. Donations over \$100 cannot be accepted in cash. **Date dues are received** determines membership year paid and eligibility to vote at a meeting or caucus. Mail to **Republican Party of Milwaukee County, Post Office Box 14665, West Allis, WI 53214** or deliver to Republican Party of Milwaukee County office.

Date: _____

Signature 1: _____

Signature 2: _____

Please note:

Membership Dues for future Membership Years are Payable at start of **Membership Year** on **July 1**

Date Application and dues (and additional donation) received by Republican Party of Milwaukee County _____