



Membership Form

January 1, 20____ – December 31, 20____

Name _____

Address _____

City _____ Zip _____

Phone _____ Cell _____

Email _____

Voting Precinct: _____

Date of Birth _____

Are you a Veteran: YES NO

Would you like to make a donation to the scholarship fund?

If so, amount \$ _____

Dues: Individual \$25.00 Couple \$35.00

Make check payable to: Polk County Republican Party

Mail form and payment to:

Polk County Republican Party

P.O. Box 1729

Cedartown, GA 30125

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Paid cash Check # _____ Received by: _____