



Republican Committee of Northern Macomb County

An Independent Political Action Committee

2013 MEMBERSHIP APPLICATION

Name (s): _____

(If Student Membership): Age: ____ School: _____

Street Address: _____

City: _____ State: ____ Zip: _____

Home Phone: (____) _____ E-mail: _____

THE FOLLOWING INFORMATION IS REQUIRED BY LAW

Occupation: _____ Employer: _____

Employer Address: _____

<p align="center">RCNMC</p> <p align="center">MEMBERSHIP</p> <p align="center">(Required - Choose One)</p>	<p align="center">MACOMB TWP.</p> <p align="center">CAUCUS AFFILIATE</p> <p align="center">(Optional - Choose None or One)</p>
Regular Membership: <input type="checkbox"/> Individual: \$20 <input type="checkbox"/> Married Couple: \$35	Regular Membership: <input type="checkbox"/> Individual: \$10 <input type="checkbox"/> Married Couple: \$15
Silver Membership: <input type="checkbox"/> Individual: \$50 <input type="checkbox"/> Married Couple: \$90	Silver Membership: <input type="checkbox"/> Individual: \$50 <input type="checkbox"/> Married Couple: \$90
Gold Membership: <input type="checkbox"/> Individual: \$100 <input type="checkbox"/> Married Couple: \$150	Gold Membership: <input type="checkbox"/> Individual: \$100 <input type="checkbox"/> Married Couple: \$150
<input type="checkbox"/> Student Membership: \$10	<input type="checkbox"/> Student Membership: \$5
<p align="center">Membership Grand Total: \$_____</p>	

Please make checks or money orders payable to **RCNMC** and mail to:

Membership Director
4746 Whispering Pines Drive
Shelby Twp., MI 48316
(248) 652-8534

Email: sillatomasi@comcast.net

(Sorry No Corporate Checks Please)