



# Republican Committee of Northern Macomb County

An Independent Political Action Committee

## 2014 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: \_\_\_\_\_

<b>RCNMC MEMBERSHIP (Required - Choose One)</b>	<b>MACOMB TWP. CAUCUS AFFILIATE (Optional - Choose None or One)</b>
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
Membership Grand Total: \$_____	

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

Membership Director  
46682 Morningside  
Macomb, MI 48044  
(248) 390-4216  
Email: mscully55@yahoo.com

(Sorry No Corporate Checks Please)