



Republican Committee of Northern Macomb County

An Independent Political Action Committee

2016 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: _____

RCNMC MEMBERSHIP (Required - Choose One)
Regular Membership: <input type="checkbox"/> Individual: \$20 <input type="checkbox"/> Married Couple: \$35
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
<input type="checkbox"/> Student Membership: \$10

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)