



# Republican Committee of Northern Macomb County

An Independent Political Action Committee

## 2018 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</b> <b>MEMBERSHIP</b> <b>(Required - Choose One)</b>
<b>Regular Membership:</b> <input type="checkbox"/> Individual: \$20 <input type="checkbox"/> Married Couple: \$35
<b>Silver Membership:</b> <input type="checkbox"/> Individual: \$50 <input type="checkbox"/> Married Couple: \$90
<b>Gold Membership:</b> <input type="checkbox"/> Individual: \$100 <input type="checkbox"/> Married Couple: \$150
<input type="checkbox"/> <b>Student Membership: \$10</b>

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](mailto:mscully55@yahoo.com)

(Sorry No Corporate Checks Please)