



# Republican Committee of Northern Macomb County

An Independent Political Action Committee

## 2020 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<br/>MEMBERSHIP<br/>(Required - Choose One)</b>  |
|--|
| <b>Regular Membership:</b><br><input type="checkbox"/> Individual: \$20<br><input type="checkbox"/> Married Couple: \$35 |
| <b>Silver Membership:</b><br><input type="checkbox"/> Individual: \$50<br><input type="checkbox"/> Married Couple: \$90  |
| <b>Gold Membership:</b><br><input type="checkbox"/> Individual: \$100<br><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

(Sorry No Corporate Checks Please)