

Membership Application



Date _____

Name _____

Address _____

City _____

State _____ Zip _____

Phone _____

Email _____

Please check type of application:

- Family (annual) \$35 Family (lifetime) \$350
- Individual (annual) \$25 Individual (lifetime) \$250

Please make your check payable to Republican Alliance and mail to:

P.O. Box 1344 For more information, contact Julie Daly, Membership
Bel Air, MD 21014 Director, 732-579-7327, julid705@aol.com

Please check any areas of specific interest:

- Social functions (e.g. happy hours, holiday party)
- Fundraising (e.g. event planning, ticket sales, ad sales, decorations, silent auction)
- Membership (e.g. contacting new or potential members)
- Campaign volunteer for local candidates
- Voter registration events
- Election Day events (e.g. sign waving, door knocking, phone banking, get out the vote)
- Programming (e.g. arranging for speakers/events at general meetings)
- Publicity (e.g. email notices, newspaper notices, creating information flyers)
- Administrative functions (e.g. printing, envelope stuffing, maintaining databases)
- Community involvement projects
- Nominating Committee (e.g. sourcing for board members)
- Other (*please elaborate*) _____

Are you registered Republican voter? Y _____ N _____

How did you hear about the **Republican Alliance** (formerly RCHC)? _____