

Annual Membership/Operating Fund Application

HALL COUNTY REPUBLICAN PARTY

www.hallgop.com



ANNUAL DUES: Membership =\$25.00 per person

YES - I (we) want to become member(s) of the Hall County Republican Party. Enclosed are dues in the amount of \$ _____.

YES – I (we) want to renew membership in the Hall County Republican Party. Enclosed are dues in the amount of \$ _____.

YES - I (we) enclose the following contribution to help to support the philosophies, beliefs and programs of the HALL COUNTY REPUBLICAN PARTY. Enclosed is a contribution for:

\$25.00 \$50.00 \$100.00 \$ _____

NAME _____

SPOUSE _____

Voter Registration Number _____

Voter Registration Number _____

Work Phone Number _____

Work Phone Number _____

Cell Phone Number _____

Cell Phone Number _____

E-Mail Address _____

E-Mail Address _____

Home Address _____

City _____

State _____

Zip Code _____

Home Phone _____

Voting Precinct Name _____

Voting Precinct Number _____

Add us to your volunteer list in the following areas (Initial your selections):

____ Computer work/

____ Headquarters

____ Membership Growth

____ Phone Bank

____ Fund Raising/Special Events

____ Candidate Assistance

____ Hispanic Outreach

____ Letters to Editors

____ Other (Specify)

Signature: _____ Date: _____ **(Required)**

Please Mail This Form And Your Check To:

Hall County Republican Party, PO Box 1174, Gainesville, GA, 30503