

SCG Republican Group Membership Form

Dues: Single \$20.00 or Family \$40.00

PLEASE PRINT LEGIBLY: All fields *MUST* be completed unless identified as optional. If we can't read it, we will call you for confirmation. The completed form can be brought to any meeting or mailed to:

SCG Republican Party SIG, PO Box 7842, Surprise, AZ 85374

If you have any questions about this form please contact

Toni Helgeson at 623_680_5507 or meizel1948@gmail.com

DATE:	PAYMENT AMT CASH _	CHECK	_ MADE to SCG REPUBLICAN CLUB
MEMBERSHIP TYPE:	NEWRENE	EWAL SINGLE	FAMILY
MEMBER 1 - SCG ID #	# (if any)	_ SCG RESIDENT Y N_	_ VOTING STATE
FIRST NAME:		LAST NAME:	
(Local)STREET_ADDR	ESS:		ZIP CODE:
HOME #		CELL#	
MEMBER 2 - SCG ID #	# (if any)	_SCG RESIDENT Y N_	VOTING STATE
FIRST NAME:		LAST NAME:	
(Local)STREET_ADDR	ESS:		ZIP_CODE:
HOME #		CELL #	
are for REPUBLICAN P	ARTY business use only a	and will not be distributed to n	t out via email. Member email addresses on-party organizations. <i>It may take up to</i> t with Membership Application!
Email1:			
			·
Email2:			
Email2:			