



## Membership Application

Name(s): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone:( \_\_\_\_\_ ) \_\_\_\_\_ E-mail: \_\_\_\_\_

THE FOLLOWING INFORMATION IS REQUIRED BY LAW

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

### MEMBERSHIP OPTIONS

Macomb County Republican Assembly (Choose 1)

Regular Membership:

Individual: \$25

Married Couple: \$40

Membership Grand Total \$ \_\_\_\_\_

Please Note: This is only an application for membership. Per our bylaws, all pending memberships will be reviewed by the membership committee and must be acted upon within 30 days of receipt or the application will be considered null and void. If you are rejected as a member, your dues will be refunded to you.

Please make checks or money orders payable to Macomb County Republican Assembly and mail to:

MACRA Memberships  
3511 Dobbin  
Sterling Hts, MI 48312  
(586) 260-4910  
E-Mail: jimnowc@wowway.com

(Sorry No Corporate Checks Please)