



Grand Traverse County



Republican Party

Membership Form

(Please Print)

Name _____

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

E-mail _____

Employer _____

Occupation _____

Registered Voter in Township/City _____

Please Select Membership Level Desired:

Individual \$25

Family \$45

Senior \$15

Bronze \$100

Silver \$250

Gold \$500

Other _____

Buy-A-Day _____ x \$20 per day

Please make checks payable to GTGOP or Grand Traverse County Republican Party and mail to: **PO Box 5226, Traverse City, MI 49696.**