



FOUNTAIN HILLS REPUBLICAN CLUB

CLUB MEMBERSHIP APPLICATION

Date _____ ☐ New ☐ Renewal

NAME _____
Please Print Please print additional names on reverse side

ADDRESS _____

CITY _____ STATE _____ ZIP+4 _____

PHONE _____ E-MAIL _____
Please print carefully. This is our primary means of contact.

Please check level of membership desired:

☐ Individual Membership - \$20.00 ☐ Family Membership - \$30.00

☐ I herewith declare that I am a Registered Republican or will so register at the first opportunity.

Your name and contact information is confidentially kept by the club and used primarily to contact you about upcoming Club meetings. We may also use it to inform you of other Republican activities, campaign fundraisers, etc. It will never be used for commercial solicitation. You have the right to opt-out from these types of communications. If wish to do so, please check the appropriate box.

☐ Contact me with information about Club meetings and activities *only*.

☐ Do not contact me.

Please make your check payable to "Fountain Hills Republican Club" and mail to:

**FOUNTAIN HILLS REPUBLICAN CLUB
PO BOX 17814 • FOUNTAIN HILLS, AZ 85269-7814**

☐ **I/We would be interested in volunteering for a committee.**

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