

SCG Republican Group Membership Form

Dues: Single \$15.00 or Family \$30.00

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 meizel2@cox.net

DATE:	PAYMENT A	AMT CASH	CHECK	MAI	DE to SCG REPUBLICAN CLUE
MEMBERSHIP TYPE:	NEW	RENEWAL	S	INGLE	FAMILY
MEMBER 1 - SCG ID	# (if any)	eg,(123	4-000) PERM	IANENT SCG	RESIDENT Y / N OR N/A
FIRST NAME:		LAS	T NAME:		
(Local)STREET_ADDF	RESS:				ZIP CODE:
HOME #		CEL	L#		
If you provide a cell # and sign here	•	•		_	. If you agree please check (
EMAIL ADDRESS:					
MEMBER 2 - SCG ID	# (if any)	eg, (123	4-000) PER	MANENT SC	GRESIDENT Y / N OR N/A
FIRST NAME:		LA	ST NAME:		
(Local)STREET_ADDF	RESS:				ZIP_CODE:
If you provide a cell # and sign here					. If you agree please check (
EMAIL ADDRESS:					
NOTE: All business re	lated information	n including meeting	notifications a	re sent out via	a email. Member email addresses
		•		•	rty organizations. <i>It may take up</i> Membership Application!
Questions/comments	X				
		scaaon w	reebly.com		