

SCG Republican Group Membership Form

2022 Annual 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 meizel2@cox.net

DATE:	_PAYMENT AMT CASH _	CHECK	<	MADE to SC	G REPUBLICAN CLUB
MEMBERSHIP TYPE:	NEW RENE	NAL	_ SINGLE_		FAMILY
MEMBER 1 - SCG ID #	(if any)	_eg,(0012340) F	PERMANEN	r SCG RESID	ENT Y/N
FIRST NAME:		LAST NAME:			
(Local)STREET_ADDRE	SS:			Z	(IP CODE:
HOME #:					
CELL # Required:					
MEMBER 2 - SCG ID #	(if any)	_eg, (0012341)	PERMANEN	IT SCG RESI	DENT Y/N
FIRST NAME:		LAST NAME	:		
(Local)STREET_ADDRE	SS:			Z	(IP_CODE:
HOME #					
CELL # Required:					
addresses and Cell num	ited information including i bers are for REPUBLICAN e up to 7 days to deposit	N PARTY busines	ss use only a	and will not be	e distributed to non-party
Email1: Required					
			@		·
Email2: Required					
			@		··

scggop.weebly.com