

BARROW COUNTY REPUBLICAN PARTY

NEW MEMBERSHIP APPLICATION

NAME _____ PHONE: Day _____

ADDRESS _____ Night _____

City State Zip Email: _____

PRECINCT _____ OR PLACE YOU VOTE _____

Check box if you need more applications for others interested in joining the Barrow County GOP.
Amount needed - _____.

Make checks payable to: **Barrow County Republican Party**

Send to: Barrow Republican Party
P.O. Box 1054
Winder, GA 30680-1054

_____ **Regular Membership** (yearly)

Enclosed is \$15.00, entitling me to a subscription to the monthly newsletter, and invitation to all special events.

_____ **Advanced Membership** (yearly)

Enclosed is \$25.00, entitling me to all of the above plus an application to become a Barrow GOP Voting Member of the County Committee.

_____ **Barrow 100 Club** (yearly)

Enclosed is \$100.00, entitling me to all of the above plus special recognition. **OR**

_____ Enclosed is \$25.00. Please bill me quarterly for the rest.

_____ **Barrow 360 Club** (yearly)

Enclosed is \$360.00, entitling me to all of the above plus special recognition at the next County Convention. **OR**

_____ Enclosed is \$90.00. Please bill me quarterly for the rest.

_____ I want to make a **special donation** to the Barrow GOP of \$ _____ to help elect GOP officials in the next election.

Contributions, donations, and memberships to the Barrow County Republican Party are not tax-deductible as charitable contributions for federal or state income tax purposes. Contributions over \$1,000.00 require us to ask for your occupation and employer.

Occupation _____ Employer _____