

REPUBLICAN VOLUNTEER TEAM

Associate Membership Application

Date: _____

Name: _____

Address: _____

City & Zip: _____

Supervisor District: _____

Telephone: Work: _____ Home: _____

Fax: _____ Email: _____

Yearly Associate Membership Dues: \$10 (check to Republican Central Committee)

I certify that I am a registered Republican.

Signature: _____

Central Committee Approval Signature: _____

Mail to Republican Central Committee Secretary:

Post Office Box 1656
Shingle Springs, CA 95682

Visit us at: www.edcgop.com

Telephone: (530) 676-4757