

## MEMBERSHIP APPLICATION

NAME:	Office Use Only
(PLEASE PRINT)	Date Recv'd
ADDRESS	
CITYSTATE	Meeting Date Voted On:ZIP
EMAIL ADDRESS:(PLEASE PRINT CLE	Vote Outcome yes no EARLY)
HOME PHONE:WORK PHONE	
CELL PHONE: BIRTH DATE (O	PTIONAL)
DISTRICT #:	
From What Poll Location Do You Vote? (Teens: At wl	
SPONSORING CLUB MEMBER:	
SIGNATURE OF SPONSOR:	SPONSOR'S PHONE #
* This section for Teenage Republicans (TARS) on	ly: Parent/Guardian signature is required. Yes,
I give permissi	ion for my Teenager.
(Name of Parent/Guardian)	(Name of Teen)
A High School student atparticipate in all TARS activities.	to join the United Republican Club of EHT and
Emergency Contact Number:	
(Parent/Guardian Print Name)	,(Parent/Guardian Signature)

Meetings are 1<sup>st</sup> Thursday of every month at 7:00pm. Yearly dues for all members are \$10. Check our website, <a href="www.ehtgop.org">www.ehtgop.org</a> for news, event notices, and updates.