



ASSOCIATE MEMBER PROGRAM APPLICATION

First Name as Registered to Vote: _____

Last Name as Registered to Vote: _____

Party Registration: _____

Voter Registration Address

Street Address: _____

City: _____

State: _____ Zip Code: _____

Business Name: _____

Title (or Occupation): _____

Cell Phone Number: _____

Work Phone Number: _____

Select Areas of Interest: _____

College Student Membership Fee: \$25.00

Associate Membership Fee: \$50.00

Individual Associate Member Charter Fee: \$100.00

Public Official Associate Member Charter Fee: \$150

Confirm Your Eligibility *

YES: – I am a citizen or permanent resident in the United States. – The funds I am contributing are my own personal funds and not those of another person. – I am not a foreign national who lacks permanent resident status in the United States. – I affirm that I am making this contribution via my personal credit or debit card for which I have a legal obligation to pay, and not through a the card of another person. – I am at least 18 years of age. – I agree and confirm that the above statements are true and accurate.

NO