

MEMBERSHIP APPLICATION



Pend Oreille County
REPUBLICANS

Name: _____ Phone: _____

Residential Address: _____

City: _____ State: _____ Zip: _____

PO Box: _____ City: _____ State: _____ Zip: _____

Email: _____

Name of Spouse, if joining: _____

Occupation: _____

Employer*: _____

*(*Required by Washington State PDC)*

Employer Address: _____ State _____ Zip _____

Pend Oreille Precinct you reside in, if known. Precinct: _____

Precinct Committee Officer Name, if known: _____

For information ONLY

Annual Membership Dues: \$30 Adult, \$45 Couple, \$20 Seniors (70 & over)

Foreign Members (*out of county property owners*) \$30 Adult, \$45 Couple

You may also bring this application to our next meeting to submit it.

Do not send money or check at this time!

Mail to: Pend Oreille County Republicans
William Bisson
PO Box 187
Metaline, WA 99152