

Fayette County Republican Party Membership Form

Please enter the calendar year you are paying for _____

Level: ___ Individual \$35 ___ Family \$50 ___ Supporting \$100, \$200, other amount \$ _____

Ronald Reagan Roundtable: ___ Silver \$25/Month ___ Gold \$50/Month ___ Platinum \$100/Month

Name: _____

Family Member (if applicable): _____

Street Address: _____

City/State/Zip: _____

Voting Precinct (if known): _____

Phone: _____ Email: _____

I would like to: ___ Help Candidates ___ Other Volunteer ___ Serve on Committees ___ Auxiliaries

___ Neighborhood Representative ___ Precinct Worker ___ Voter Registration Other _____

Mail completed form to: Fayette County Republican Party, PO Box 1059, Fayetteville, Ga. 30214

Or hand deliver to: 174 North Glenn Street, Fayetteville, Ga. 30214

Phone: 770-716-1545