Republican Party of Jackson County, WI

ANNUAL MEMBERSHIP FORM 2026

Final.9.29.25

Membership is effective from verification date until 12-31-2026.
Membership must be verified and dues paid on or prior to the RPJC Caucus to: vote at the Caucus, and to be a 2026 district or state convention delegate. Only Jackson County residents are eligible to vote at Caucus and to be a delegate.
By signature you are verifying you are not a member of any political party that is not affiliated with the GOP.

SIGNATURE_____

NAME:(print)_____ **SPOUSE'S NAME:(print)**_____

ADDRESS:(required)_____

CITY: _____**ZIP:**_____ **PHONE:** _____**CELL:** _____

CITY/TOWNSHIP/VILLAGE:_____ **COUNTY:** _____

EMAIL:_____

NOTE: Payments of $200 or more per person must include the following information:

Occupation(s)_____**Employer(s)**_____

$_____ Membership* - $30 per person
_____ Associate (non-Jackson Cty resident)

$_____ CANDIDATE Membership*- $300 includes website and texting for 1 year

*Membership fees payable must be included with the membership application. Per month payment plans are due and payable on the first day of each month and accrue beginning January 1st independent of the actual application date; mid-month or mid-year memberships require payment of the year-to-date accrued amount with the membership application.

$_____ Membership Amount (# members paid for_____)
$_____ **Additional Donation**

$_____ **Total Paid For all Membership Dues and Donations**

Note: Payments to the RPJC are not tax deductible and are non-refundable.

I can also do the following to help the Republican Party of Jackson County, WI:

- ☐ Attend meetings
- ☐ Help with Parades/Events
- ☐ Help run the GOP Office
- ☐ Do Literature Handouts
- ☐ Make Phone Calls
- ☐ Send Letters to the Editor
- ☐ Recruit New Members
- ☐ Post Campaign Signs
- ☐ Agree to be nominated as a delegate to district caucus and state convention
- ☐ Be a board member
- ☐ Be a poll worker
- ☐ Other _____

Office Use Only:
Date Received _____ (circle all that apply) *debit, credit, cash, or check number* _____
Verified as Member on _____Entered in NB _____(Date/Initials)

Authorized and paid for by the **Republican Party of Jackson County WI.,PO Box 355, Black River Falls, WI 54615**
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