# Republican Party of Jackson County, WI

## ANNUAL MEMBERSHIP FORM 2027

Final.9.11.26

**Membership is effective from verification date until 12-31-2027.**
**Membership must be verified and dues paid on or prior to the RPJC Caucus to: vote at the Caucus, and to be a 2027 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 poll worker
- ☐ Other _____
- ☐ Be a Party Officer *(Chair, Vice Chair, Treasurer, Secretary, Social Media Chair, Pollworker Chair, Chaplain)*
- ☐ Be a Committeeman/Committeewoman representing your Municipality on the RPJC Board.

**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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