



Republican Party of Trempealeau County

Date received _____ Received by _____

Member Information

First Name _____
Last Name _____
Address _____
City/State/Zip _____
Municipality _____
Council Ward _____ County District _____
Email _____
Phone _____ Alt Phone _____
Occupation _____

2nd Adult (if applicable)

First Name _____
Last Name _____
Email _____
Cell Phone _____ Work Phone _____
Occupation _____

Child (if applicable w/ family membership)

First Name _____
Last Name _____

Payment

- | | | |
|--|--|---|
| <input type="checkbox"/> Paid by Check | <input type="checkbox"/> \$50 – Family | <input type="checkbox"/> \$15 – Senior |
| <input type="checkbox"/> Paid by Cash | <input type="checkbox"/> \$35 – Couple | <input type="checkbox"/> \$15 – Student |
| <input type="checkbox"/> Volunterer/ | <input type="checkbox"/> \$20 – Individual | |

Make payments to RPTC. Send to PO Box 43, Arcadia, WI, 54612