

DESOTO COUNTY REPUBLICAN PARTY



MEMBERSHIP APPLICATION

DATE: _____

NAME: _____

SPOUSE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE _____ WORK PHONE: _____

EMAIL: _____

ENCLOSED IS MY CHECK FOR ___ \$10.00 or ___ \$20.00 FOR A FAMILY

ELECTION LAWS REQUIRE WE ASK THE FOLLOWING:

OCCUPATION: _____

EMPLOYER/BUSINESS NAME: _____

ARE YOU SELF EMPLOYED? ___ YES ___ NO

PLEASE MAKE CHECKS PAYABLE TO **DESOTO COUNTY REPUBLICAN PARTY** AND MAIL COMPLETED FORM AND PAYMENT TO:

DESOTO COUNTY REPUBLICAN PARTY
ATTN: MEMBERSHIP
7075 Golden Oaks Loop W. Suite 17
Southaven, MS 38671

FOR MORE INFORMATION PLEASE CALL THE DESOTO COUNTY
REPUBLICAN PARTY AT 662.349.1009