

CLALLAM COUNTY REPUBLICAN PARTY 2023 MEMBERSHIP & DONATIONS

| Last Name: | First Name: |
|--|---|
| Address: | City State Zip: |
| Phone: | |
| Retired: or Occupation | (Information is only used for CCRP communications) n: Employer: |
| Employer's Address: (Under election | laws, the donor's occupation and employer must be disclosed, if employed) |
| General Donation (for | Single Membership @ \$35.00 \$ Family Membership @ \$45.00 Elephant Club Donation \$250.00 or Patron Donation @ \$500.00 Please make checks out to CCRP TOTAL DONATION \$ |
| If contributing by credit car | , |
| Name on Card: | Expiration Date: Security Code: |
| Card number: | Signature: |
| Plea | se return to: CCRP, P. O. Box 808, Port Angeles, WA 98362 Call 360-924-0590 for more information (M-F, 11-2) |
| Check here if you would lik | e to receive our GOP newsletter & alerts by email: |
| Check here if you would lik | e to volunteer (we will contact you with a list of opportunities: |
| Comments / Requests: | |
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