Grand Young Republicans
of Johnson County
Registration Form

Name _____

Address _____ **City/Zip** _____

Phone _____**(hm)**_____**(c)**_____**(wk)**

Circle the ( ) of the one you prefer we use

Best time to call: (circle all that apply) Day Afternoon Evening

Email _____

Date of Birth ____ / ____ / ____ **Current Age** _____

I want to become a member of Grand Young Republicans Yes No

Are you a registered voter Yes No

Have you voted in the past two years Yes No

Political activities & campaigns you've been involved in:

_____

What do you hope to get out of your affiliation with the Grand Young Republicans?_____

_____

_____

How did you hear about the Grand Young Republican?

_____

Who do you know who might be interested in joining our group?

Name **phone #**

_____

_____

_____

For official use only:

Dues pd: Cash _____ **Check #** _____ **Date** _____

Treas. Initials verify pmt: _____

Comments: