

REPUBLICAN CLUB of YORK COUNTY

Membership Application

Today's Date:

Full Name:

Street Address:

City:

State

Zip

Email:

Cell Phone:

Landline:

Municipality:

Years as Republican:

Applicant Signature:

Club Sponsor:

I grant RCYC the absolute and irrevocable right and unrestricted permission to use any photos or videos taken of me in any media for any purpose; and to use my name in connection with any use. I release and discharge RCYC from all claims and demands that may arise in connection with said use. This authorization and release inures to the benefit of legal representatives, licensees, and assigns of [acronym] and the person(s) for whom photos were taken.

Party Involvement:

Elected Official

Committee Person; Precinct: _____

I am interested in:

Make Checks Payable to: Republican Club of York County

Membership Dues:

Individual	\$35	
Couple	\$50	

Are you (circle one)

New Member	Yes
Renewing Member	Yes

For office use:

Date Received:

Date Uploaded to file:

Cash

Check # & Date