



SPARTANBURG COUNTY REPUBLICAN PARTY MEMBERSHIP FORM

NAME: _____

SPOUSE'S NAME: _____

ADDRESS: _____

PHONE: _____

E-MAIL: _____

VOTING PRECINCT: _____

I want to support the Spartanburg County Republican Party with my membership dues at the membership level marked below:

Annual Sustaining Membership:

\$35.00

(Includes Membership Card and
Spartanburg County GOP Lapel
Pin)

Annual Bronze Elephant Membership:

\$200.00

(Includes 2 Tickets to Annual Bronze Elephant
Dinner)

Diamond Lifetime Membership:

\$1,000.00

Enclosed is check number _____ in the amount of \$ _____.

Return To:

Spartanburg County Republican Party
PO Box 5475
Spartanburg, SC 29304-5475

E-mail: spartanburggopteam@gmail.com

Signature

Date