

Please print this form, fill it out, and mail it to the address shown.

**Bucks County Federation of Young Republicans
Membership/Renewal Application**

Name: _____
(LAST) (FIRST) (MIDDLE)

Home Address: _____
(NUMBER) (STREET) (CITY) (STATE) (ZIP)

Phone Number: Home () _____ Business () _____ Fax () _____

E-Mail: _____ Date of Birth: _____

Polling Place: _____
(TOWNSHIP/BORO) (WARD) (DISTRICT)

Your Signature: _____ Date: _____

Applying For: ___ New ___ Renewal

Active Membership (18-40) ___ Single \$25.00 ___ Couples \$35.00
Alumni Membership (41+) ___ Single \$50.00 ___ Couples \$65.00

Return with appropriate membership dues to:

**BUCKS COUNTY FEDERATION
OF YOUNG REPUBLICANS
P.O. Box 86
Doylestown, PA 18901**

Please send mail to: Home ___ Business ___

How did you hear of the Bucks County Young Republicans?

Have you had any political experience?

I am interested in working with the following committees:

Newsletter ___ Issues and Public Policy ___
Programs and Events ___ Membership ___
Publicity and Community ___ Political Action ___
Fund Raising/Finance ___

Any questions, please contact James Austin Meehan at (267) 625-3732.

