



SANTA CLARITA VALLEY
CONGRESS OF REPUBLICANS

MEMBERSHIP APPLICATION

Thank you for your membership in the Santa Clarita Valley Congress of Republicans. We look forward to your involvement and efforts to elect fellow Republicans to public office. Fill out the appropriate fields below and remit payment to:

SCV Congress of Republicans
P.O. Box 803193, Santa Clarita, CA 91380

Make check payable to SCVCR

Please select if this is a renewal

Choose one membership level:

General Member – \$25 per year

Associate Member – \$10 for first two years of membership

Student Member – \$6 per year with proof of student ID

Please help us keep our records up-to-date by filling out the following fields. Please print.

Name: _____ Registered Republican

Mailing address: _____

City: _____ State: _____ ZIP: _____

Phone: (____) _____ Home / Work / Cell | Day / Evening

Phone: (____) _____ Home / Work / Cell | Day / Evening

Email address: _____

As a registered Republican voter, I agree with the purposes and the objectives of the California Congress of Republicans and the Santa Clarita Valley Congress of Republicans, the chapter to which I hereby apply for membership.

Signature

Date

THANK YOU