

# LEXINGTON COUNTY REPUBLICAN PARTY MEMBERSHIP FORM

NAME: \_\_\_\_\_

SPOUSE'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

VOTING PRECINCT: \_\_\_\_\_

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

Sustaining Membership: \$35.00

Future Voter (under 18): \$5.00

Family Membership: \$50.00

Golden Elephant Membership: \$150.00

Platinum Membership: \$300.00

Diamond Lifetime Membership: \$1,000.00

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



\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Return To:**

Lexington County Republican Party  
P.O. Box 1346  
Lexington, South Carolina 29071  
803.996.1600

Referred By: \_\_\_\_\_

\_\_\_\_ Welcome Letter Sent \_\_\_\_ By-Laws Sent \_\_\_\_ Membership Card Sent \_\_\_\_ Precinct Contact Information Sent \_\_\_\_ Name Tag