



**HILLSBOROUGH GOP CLUB  
MEMBERSHIP REGISTRATION**

Name(s): \_\_\_\_\_

Name of Employer (If Applicable) \_\_\_\_\_

Street Address: \_\_\_\_\_

Post Office: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Email Address(s): (IMPORTANT) \_\_\_\_\_

New member     Returning Member

Enclosed is check # \_\_\_\_\_ or  Cash in the amount of \$ \_\_\_\_\_ to cover the fee for membership in the Hillsborough GOP Club.

- Benefactor** (\$200.00 or more)
- Individual** (\$25.00)
- Family** (\$40.00)
- Associate** (\$15.00)
- Senior Citizen – 65 and Older** (\$15.00)

Please make check payable to: **HILLSBOROUGH GOP CLUB**

Mail checks to:

**Hillsborough GOP Club  
Post Office Box 5695  
Hillsborough, New Jersey 08844**

**7/1/2017 to 6/30/2018**