



Gertrude & Morrison Parker Westside Republican Club

Membership Application

Title: _____ **First Name:** _____ **Last Name:** _____

Address 1: _____ **Address 2:** _____

City: _____ **State:** _____ **Zip:** _____

Daytime Phone: _____ **Evening Phone:** _____

Email Address: _____

Membership Type: *(Choose One)*

Student: \$10/year

Single: \$25/year

Couple: \$40/year

Family: \$55/year

Sustaining: \$75/year

Lifetime: \$500

Other: \$_____