



# SCG Republican Group Membership Form



*Dues: Single \$10.00 or \$20.00 Family*

**PLEASE PRINT LEGIBLY.** All Fields **MUST** be completed unless identified as optional. If you have any questions about this form please contact **Peggy Moore** @ 623-546-7822 or E-mail [vpmembers@grandgop.com](mailto:vpmembers@grandgop.com)

Date: \_\_\_\_\_ Payment Method: Check # \_\_\_\_\_ Cash \$ \_\_\_\_\_  
Receipt #: \_\_\_\_\_

Membership Type: New \_\_\_\_\_ Renewal \_\_\_\_\_

SCG ID#: \_\_\_\_\_ - \_\_\_\_\_ (Example: 1234 – 000)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

SCG Street Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Other (Optional): (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-MAIL Address (Optional): \_\_\_\_\_

*Note: If you would like to receive notifications and news via email please provide your email address.*