



LEXINGTON COUNTY REPUBLICAN PARTY MEMBERSHIP FORM

Name(s): _____

Address: _____

Phone: _____

Email: _____

Voting Precinct: _____

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

Basic Single Membership: \$35.00

Family Annual Membership: \$50.00

Gold Membership: \$150.00

Platinum Member: \$300.00

Diamond Lifetime Membership: \$1000.00

****Note: Gold—Platinum Members receive a special Permanent Decorative Name Tag, special discounts on party events...in addition to other exclusive perks, depending on membership level.**

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

Signature

Date

Return to: Lexington County Republican Party
7001 St Andrews Rd., #203
Columbia, SC 29212
lcgopsavesc@gmail.com

Referred by: _____

Welcome Text/Email Sent

Name Tag (available for pick up at following meeting)