

ALRA Membership Form

Name

Spouse/Other family member who wishes to join

Address

City

St

Zip

Home Phone

Business or other phone

Email address

I understand that in order to become and remain a member of the ALRA, I must be a Republican, uphold the principles and purposes of the ALRA and keep my dues current.

Signature of Applicant

Signature of Spouse if joint membership

Date

Name of Sponsoring ALRA member

Annual Dues

**TWO YEAR MEMBERSHIP DUES
PER PERSON \$50.00.**

Republican Assembly
c/o Don Wallace, CPA