OHIO BLACK REPUBLICANS ASSOCIATION

2009 Membership Application

Please accept my application and annual dues for membership in the organization as indicated below:
(Check one.)

☐ Active Member …….. Dues - *$25.00*
☐ Associate Member …. Dues - *$25.00*
☐ Student Member ……. Dues - *$ 5.00*

Are you a registered Republican? _____ In what county are you registered? _____

Name _____ Title *(optional):* Mr. Mrs. Ms. Other:_____
First M. I. Last

Home Address _____

City _____ Zip Code _____ County _____

Home Ph. ( ) _____ Work Ph. ( ) _____ Cell Ph. ( ) _____

E-mail Address _____Web Address _____

What other Republican organizations are you a member?

_____ _____

_____ _____

Return this application along with your check or money order for the appropriate dues amount to:

Ohio Black Republicans Association
211 S. 5th Street
Columbus, OH 43215

Check with your tax preparer as to the deductibility of OBRA dues.

(Do Not Write Below. For Office Use Only)

☐ New Membership ☐ Membership Renewal **Membership No**. _____

Date Received: ____/____/____ Amount Received: $ _____ Verified By: _____

[ ] Check No. _____
[ ] Money Order
[ ] Cash *(receipt to be provided)*