

Maryland Republican Assembly (MDRA) Registration 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 MDRA,
I must uphold the principles and purposes of the MDRA and keep my
dues current*

Signature of Applicant

Signature of Spouse if joint membership

Date

Name of Sponsoring MDRA member

Annual Dues

Regular Membership \$25.00

Joining Spouse or Other family member \$10.00

Student \$15.00

Total \$_____

Please return this form and your check to:

MDRA

PO Box 112, Libertytown, Maryland 21762