

## Republican Party of Stanislaus Associate Application

Name:	;		
	First	Last	<del></del>
Phone	Number:	Email:	
Addre	ss:		_
Referr	ed By:		<u> </u>
Please	return the completed form to	the RPSC Membership Chair prior	or to any meeting.
•	Associates are approved by t meetings by two-thirds vote	the Central Committee (CC) at regroof members present.	ılar monthly
•		nnually, to be paid upon approval o	of CC acceptance. Benefits
•	Checks can be made out to <b>I</b>	Republican Party of Stanislaus C	<b>County</b> and mailed to:
	Re	epublican Party of Stanislaus Coun	ty
		3848 McHenry Avenue	
		STE 135-185	
		Modesto, CA 95356	
X			
	Sign Here	Da	nte

By signing this document, I understand that associates have rights, responsibilities and limitations defined by Article XI - Associates of the bylaws of the Republican Party of Stanislaus County.

Bylaws Reference ARTICLE XI-Associates