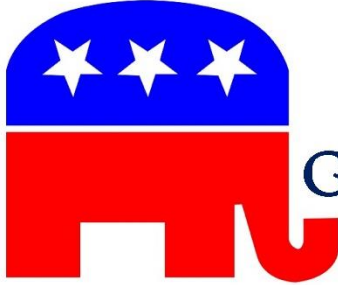


Date: _____



Gertrude & Morrison Parker Westside Republican Club

Membership Application

Title: _____ First Name: _____ Last Name: _____

Address 1: _____ Address 2: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

Email Address: _____

Membership Type: (Choose One)

Student: \$10/year

Single: \$25/year

Couple: \$40/year

Family \$55/year

Sustaining: \$75/year

Lifetime: \$500

Other: \$ _____

Make checks payable to "The Morrison Parker West Side Republican Club, Inc."
CONTRIBUTIONS ARE NOT TAX-DEDUCTIBLE

PAID FOR BY THE GERTRUDE & MORRISON PARKER WEST SIDE REPUBLICAN CLUB
NOT AUTHORIZED BY ANY CANDIDATE OR CANDIDATE COMMITTEE
100 W. 57TH ST. STE. 14.J. NEW YORK. NY 10019-3497