



# Membership Application

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Are you a full time Stafford Twp. resident? \_\_\_\_\_

Are you 18 yrs. or older? \_\_\_\_\_

Are you a U.S. citizen? \_\_\_\_\_

Are you a registered Republican? \_\_\_\_\_

Signature: \_\_\_\_\_

Sponsor Signatures (Print & Sign):

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_