

Hamilton County Republican Party
LEADERSHIP COUNCIL
2012 Membership/Pledge Form

MISSION

Empower emerging political and business leaders to catalyze and advance productive change in Cincinnati.

REQUIREMENTS

- Resident of Hamilton County, Ohio.
- Registered Republican Voter in the State of Ohio.
- Willing to attend Monthly Lunch Meetings at HCRP Headquarters (downtown).
- **ANNUAL DUES: \$250** (if under the age of 30) or **\$500** (if 30 years or older)

(Please Print Clearly and Return to HCRP Headquarters by February 15, 2012)

Name _____ Email Address _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Employer _____ Title/Position _____

YOUR AGE: _____

CREDIT CARD PAYMENT OPTIONS

I agree to pay my membership dues today!

Circle One: VISA or MASTERCARD

Please bill me as indicated below:

Credit Card #: _____

Quarterly (March, June, Sept, Dec)

Expiration Date: _____

Annually (from your sign-up date)

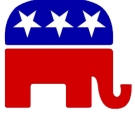
Security Code: _____

Name on Card: _____

Signature _____ Date _____

Please make checks payable to the Hamilton County Republican Party and return to:

*Hamilton County Republican Party
700 Walnut Street, Ste. 309 • Cincinnati, OH 45202*



Leadership Council Member Profile

Do you have a preferred nickname? _____

Do you live in a suburb of Cincinnati (ex. Sycamore Township)? _____

Where did you attend high school? _____

Where did you attend college? _____

Have you ever ran for or held public office? YES / NO (circle one)

If yes, please elaborate or list offices held: _____

What other organizations or clubs are you a member? (Please list any leadership positions held.)

What are some of your other activities/hobbies?

What are you most interested in receiving from your Leadership Council Membership?

Do you know any other people that might be interested in joining Leadership Council? Yes / No (circle one)

Name(s): _____ Contact Info: _____

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