



US TAXPAYERS PARTY of MICHIGAN

Upholding the Constitution



Membership and Donation Form

Please Print and make legible.

Your Name: _____

Spouse (If choosing Family Membership): _____

Four Membership plans to choose from. Please select your choice.

\$15 Student Member	\$35 Individual Supporter/Member	\$45 Family Supporter/Member	\$1500 Patriot for Life Member
<input checked="" type="checkbox"/> ← Check	<input checked="" type="checkbox"/> ← Check	<input checked="" type="checkbox"/> ← Check	<input checked="" type="checkbox"/> ← Check

Or, if you are not becoming a member right now but would like to contribute financially.

I would like to donate \$_____. Please send me the quarterly newsletter and party bulletins.

Your address: _____ Telephone: _____
 City, State and Zip: _____ Email: _____

Federal election law requires the following for any donations totaling over \$100 per calendar year. Please help us comply.

Your Occupation: _____
 Your Employer: _____
 Employer Address: _____

I would like to volunteer in my area. I am considering becoming a candidate

Make checks payable to "USTPM" - No corporate checks please. Total Amount Enclosed:

Complete and mail this form to: US Taxpayers Party of Michigan, PO Box 1722, Grand Rapids, MI 49501

US Taxpayers Party of Michigan - <http://www.ustpm.org>

Paid for with regulated funds by the US Taxpayers Party of Michigan, PO Box 1722, Grand Rapids, MI 49501