



# Membership Application

Please fill in information, check boxes and sign at the bottom.

**Membership type:**  Active Member  Associate Member (non-Hopewell Valley resident)

Printed name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Profession: \_\_\_\_\_ Employer: \_\_\_\_\_

**Current status:**  Employed full-time  Employed part-time  Seasonal  Unemployed  Retired

**Skills:** \_\_\_\_\_

**How important is it to you that you vote in most every election?** *(please choose one)*

Very  Somewhat  Not really

**Will you support the HVRA in meeting each of the following objectives?**

Yes or No

- Promoting accountability, transparency, and fiscal responsibility in all Hopewell Valley administrations
- Educating residents on issues that affect our Valley taxpayers and how conservative government provides solutions
- Building an enduring, vibrant volunteer network to grow and expand the HVRA through effective outreach
- Empowering candidates. Recruiting, developing and supporting conservative candidates and official appointees, and providing resources and messaging to win elections.
- Sponsoring events to drive support that fosters contributions to local campaigns and promote camaraderie within the HVRA

**How do you stay informed about current events and political issues?** *(choose all that apply)*

- Social Media  Local News  Mainstream Media
- Podcasts  Word of Mouth  Mercer We the People
- Other: \_\_\_\_\_

**Please share any other comments why you are interested in joining the HVRA.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## HVRA Membership Dues

**\$25** (individual)

**\$40** (couple)



Scan the code to pay online  
or click [HERE](#)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Membership dues \$ \_\_\_\_\_ Method of payment:  Cash /  Check /  Other: \_\_\_\_\_

Payment taken by (print): \_\_\_\_\_ Staff signature: \_\_\_\_\_