



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: _____

How did you hear about the HVRA? _____

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

Signature: _____ **Date:** _____

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

Payment taken by (print): _____ Staff signature: _____

HVRA Membership Dues

\$25 (individual)

\$40 (couple)



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