

CHECK ALL THAT APPLY

- 1 NEW ENROLLMENT NAME CHANGE
 CANCEL MEMBERSHIP ADDRESS CHANGE

- 2 ARE YOU A U.S. CITIZEN? YES NO

If you answer NO, you can become an affiliate, but not a member. For more information on affiliates, please visit register.ippausa.org

3 / /
DATE

4 LAST FIRST MI SUFFIX

5 MAILING ADDRESS APT/SUITE

6 CITY/TOWN STATE ZIP +4 (optional)

7 / / DATE OF BIRTH

8 SEX? MALE FEMALE

9 ARE YOU A REGISTERED VOTER? YES NO

If you answer NO, would you like us to mail you a registration form to register from home? YES NO

10 () - HOME PHONE

11 () - OTHER PHONE

Would you like to receive text messages regarding Important IPPA news and alerts at this number? - IPPA is not responsible for charges from your Wireless Carrier. YES NO

- 12 **CURRENT PARTY AND/OR PAC AFFILIATIONS**
- REPUBLICAN PARTY
 - DEMOCRATIC PARTY
 - INDEPENDENCE PARTY
 - CONSERVATIVE PARTY
 - LIBERAL PARTY
 - RIGHT TO LIFE PARTY
 - GREEN PARTY
 - WORKING FAMILIES PARTY
 - CAIR
 - NAACP

Does not Invalidate IPPA Membership

- 13 **Are you interested in becoming** AFFILIATE REGISTERED MEMBER
 *AFFILIATES can assist and volunteer at functions but Unlike REGISTERED MEMBERS, cannot hold any position nor do they have any voting rights concerning party affairs. For more on Membership levels, visit www.ippausa.org

14 **By Signing my name below, I affirm that what I have entered here is True and Correct to the best of my knowledge and that if I do request to become a registered member, I will return payment of my dues (\$50 for new members) within 90 days of receipt of initial membership welcome kit after completing this application and turning in.**

IPPA APPLICATION

