

Michigan Republican National Hispanic Assembly Membership Application



Be it resolved, that we, American citizens of Hispanic and non-Hispanic origin, have chosen to incorporate into a legal Republican organization, to be known as the Michigan Republican National Hispanic Assembly so that we can demonstrate our commitment to the principles of good government. That like the Republican Party the MRNHA will have chosen an open door policy. Ours will be an organization of equality, of opportunity for all and favoritism for none.

Our objectives:

- To support the Constitution and Laws of the United States of America and of my state to the end that Government shall be truly and in fact "A government of the people, by the people, for the people."
- To support the principles, objectives and platforms of the Republican Party
- To develop and maintain a strong, effective and informed Republican Hispanic constituency.
- To encourage all qualified Hispanic registered Republicans to seek office at all levels of the political system
- To elect Republican candidates to office at all levels of government.
- To develop viewpoints and positions on local, state, and national issues and to seek implementation of these viewpoints through local, state, and national Republican organizations
- To ensure the participation of citizens of Hispanic heritage in the American political process and the Republican Party

MICHIGAN REPUBLICAN NATIONAL HISPANIC ASSEMBLY (*visit www.mrnha.org for details on membership*)

Two year State and National membership; must be a registered voter for the state claiming RNHA affiliation.

- \$1,000 Gran Aguila Member (full voting member plus)
- \$100 Eagle Member (full voting member plus)
- \$30 Regular Member (full voting member)
- \$10 Honorary Members (Senior Citizens/Students, non-voting members)
- Contribution _____

Name: _____

Address: _____ County: _____

City/State/Zip: _____

Occupation: _____ Business: _____

Home Telephone: _____ Business Telephone: _____

Fax: _____ Email: _____

Do you currently hold a political office? Y or N, If Yes: _____

*Ethnicity/ country of origin: _____

Signature: _____ Date: _____

Recommended by: _____

Make checks payable and mail to:

MRNHA

739 Oak Point Lane, Suite 100, Madison Heights, MI 48071

Privacy Notice: The MRNHA does not rent, sell, or share personal information about you gathered from the membership form with other people or nonaffiliated organizations except in the following rare circumstances: to provide or enhance specific MRNHA services or activities, if we have your permission to share your membership information; or when required by law, concerning illegal activities, suspected fraud, or situations involving potential threats to the physical safety of any person. Do we have your permission to share MRNHA membership, please initial: _____