The Wisconsin Tea Party

Membership and Donation Form

First Name: _____ **Last Name:** _____

Company: _____
(Company is required for business membership)

Address: _____

_____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____ **E-Mail Address:** _____

Options:

☐ Individual Membership - $25 X _____ (quantity) = $_____

☐ Business Membership - $100 X _____ (quantity) = $_____

☐ Donation = $_____

TOTAL: $_____

Make Checks Payable To: The Wisconsin Tea Party, Inc.
660 E. Mason Street
Milwaukee, WI 53202

*Payments to a 501(c) (6) corporation are not charitable contributions but may be deductible as a business expense.

Privacy Policy: The information you provide to the Wisconsin Tea Party will be used only for its intended purpose, which is to communicate with you on matters related to your membership and our mission of promoting market-driven reforms in health care. The Wisconsin Tea Party does not collect information for any other purposes.

The Wisconsin Tea Party does not make its membership list public and any information you provide will not be disclosed on this web-site or in any other public format without your written consent.

Please Note: The use of the Internet does present certain risks and we cannot guarantee the safety or security of information against hackers, viruses, worms, or other Internet security risks.