

# CHAMPAIGN COUNTY GOP PRESIDENTS CLUB MEMBERSHIP FORM



Name	
Address	
Phone Number	
Email	
Employer	

## PRESIDENTS CLUB LEVELS

Please check the box next to the Club Level that you choose to join:

- Lincoln Club - \$50 Annually or \$5 Monthly
- Teddy Roosevelt Club - \$100 Annually or \$10 Monthly
- Ulysses S. Grant Club - \$250 Annually or \$22.50 Monthly
- George H. W. Bush Club - \$500 Annually or \$45 Monthly
- Dwight D. Eisenhower Club - \$1,000 Annually or \$85 Monthly
- George W. Bush Club - \$2500 Annually or \$212.50 Monthly
- Ronald Reagan Club - \$5,000 Annually or \$425 Monthly

## NON-CLUB MEMBERSHIPS

- Sustaining Member - \$25 Annually
- Senior Member - \$10 Annually

## Payment Method and Frequency

Please check the box next to the payment method and frequency you choose:

- Check or Cash Included with this form – please bill me every year on September 1<sup>st</sup>
- Please deduct from my bank account:
  - Monthly *Please complete the EFT Authorization on p.2*
- Please charge my credit card:
  - Annually     Monthly *Please complete the Charge Authorization on p.2*

***Please complete reverse side of this form and mail or email to address below.***

Champaign County GOP  
~~P. O. Box 7975~~  
 Champaign, IL 61826-7975  
 ChampaignGOP@gmail.com

## Authorization for Electronic Funds Transfer

The undersigned does hereby authorize BankChampaign, N. A. to process electronic money transfers on the following account:

The Debit Bank:

Your Bank Name: \_\_\_\_\_

Your Bank's Routing Number: \_\_\_\_\_

Your Bank Account Number: \_\_\_\_\_

Please select your account type:  Checking  Money Market  Savings

Account Holder's Name(s): \_\_\_\_\_

The Credit Bank:

BankChampaign, NA

ABA # 071124614

Credit Checking Account Number 3101-839-4

Account Holder: Champaign County Republicans

Beginning on the 15<sup>th</sup> of each month commencing \_\_\_\_\_ in the amount of \_\_\_\_\_. This authorization shall remain in full force and effect until I cancel it in writing by sending my notice at least ten days prior to the date of the next scheduled transaction.

By the authorized signature(s) below, I/We direct BankChampaign, N. A., to transact the electronic transfers to or from the account as indicated above and I/We further acknowledge receipt of the BankChampaign, N. A. disclosure of Terms and Conditions for Electronic Transfers.

Authorized Signers:

Date:

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

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

## Authorization for Credit Card Charge

**Please check the box next to the appropriate selection:**

The undersigned does hereby authorize PayPal to charge my credit card  Annually or  Monthly in the amount of \_\_\_\_\_ on the 15<sup>th</sup> of  Next Month or  Monthly beginning next month. This authorization shall remain in full force and effect until I cancel it in writing by sending my notice at least ten days prior to the date of the next scheduled transaction.

Credit Card Type:  American Express  Visa  Master Card  Discover CVV Number: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Authorized Signers:

Date:

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

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

Champaign County GOP  
~~P. O. Box 7975~~  
Champaign, IL 61826-7975  
ChampaignGOP@gmail.com