



MEMBERSHIP / DONATION FORM

NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____ **COUNTY** _____

PHONE () _____ **EMAIL** _____

Please check all that apply

MEMBERSHIP

DONATIONS

- Family** **\$ 30.00**
- Student** **\$ 15.00**

- \$ 12.00**
- \$ 20.00**
- \$ 50.00**
- _____

For contributions more than \$25, we are required to report the following to the MO Ethics Commission:‡

YOUR EMPLOYER _____

RETIRED

OCCUPATION IF SELF-EMPLOYED _____

Please make check or money order to: **Constitution Party of Missouri**

Mail To:

CONSTITUTION PARTY OF MISSOURI
14286 HIGHWAY AW
PLATO, MO 65552-8737

‡Missouri Revised Statutes §130.031