



Membership Application _____

The Hagerstown Tea Party is a Public charity; a nonpartisan, community-based organization dedicated to providing awareness and education to the public in the Hagerstown, Maryland and outlying county areas. Our outreach program includes:

- Educating the Public in the workings of the Republic, as embodied in the United States Constitution
- Encouraging non-registered citizens to register to vote.
- Raising public awareness of the potential impact of proposed or enacted legislation and/or mandates at all levels of government: Federal, State, and Local.
- Monitoring and raising public awareness of the performance of elected officials at all levels of government: Federal, State, and Local.

NAME: _____

Hagerstown TEA Party, Inc.

ADDRESS: _____

PO Box 611

City: _____ State: _____ Zip: _____

Funkstown, MD 21734

E-mail: _____

501 (c) (3) EIN #27-0302960

Phone: Home: _____ Cell: _____

I have read the above Statement and agree with the principles of the Hagerstown Tea Party, Inc. (Please mark appropriate box)

____ **Full Member** (Dues Paying. May vote, serve on the Board of Directors once approved.)
(make sure that you receive your HTP lapel pin)

*I certify that:

- I am a U.S. Citizen
- I am a registered voter or agree to do so
- I shall abide by the U.S. Constitution & honor the HTP By-Laws (on website)

SIGNATURE: _____ DATE: _____

Membership Fees (Check all that apply):

____ Individual \$25 ____ Family \$35 ____ Students (ages 18-25) \$15.00

____ Cash or ____ Check # _____ payable to: Hagerstown TEA Party, Inc.

Term: (applications are good for _____ through _____)