

# Republican National Hispanic Assembly of Arkansas

## 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 Republican National Hispanic Assembly so that we can demonstrate our commitment to the principles of good government. That like the Republican Party the RNHA 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

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### REPUBLICAN NATIONAL HISPANIC ASSEMBLY *(visit [www.rnha.org](http://www.rnha.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)
- 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:**  
**Arkansas RNHA**  
**2202 SW Chinquapin Ave, Bentonville, AR 72712**

*Privacy Notice: The RNHA 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 RNHA 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 RNHA membership, please initial: \_\_\_\_\_*