



Thank You for Your Interest in the  
**Libertarian Party of Indiana**

For more information on the LPIN, Please fill out the information below.

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Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Occupation: \_\_\_\_\_

Email: \_\_\_\_\_ Receive Emails? (Y/N) \_\_\_\_\_

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Office Use Only:

Event: \_\_\_\_\_ Attendance: \_\_\_\_\_ Date: \_\_\_\_\_

Organization or County: \_\_\_\_\_ Funds Raised: \_\_\_\_\_ New Members: \_\_\_\_\_

Paid for by the Libertarian Party of Indiana  
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