

CHK NO: _____
DATE: _____
AMOUNT: _____

MEMBERSHIP EXPIRES: _____



NEWAYGO COUNTY DEMOCRATIC PARTY

MEMBERSHIP APPLICATION



TITLE: _____ NAME: _____

TITLE: _____ NAME: _____

HOME ADDRESS: _____

POST OFFICE BOX: _____

CITY: _____ STATE: _____ ZIP CODE: _____ - _____

HOME TELEPHONE: _____ HOME FAX: _____

E-MAIL ADDRESS: _____ Add me to mailing list

INDICATE **CITY OR TOWNSHIP** WHERE **REGISTERED TO VOTE**: _____

OPTIONAL (OCCUPATION INFORMATION REQUIRED ONLY FOR MEMBERS CONTRIBUTING \$200 OR MORE IN ONE CALENDAR YEAR)

OCCUPATION: _____

BUSINESS ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ - _____

WORK TELEPHONE: _____ WORK FAX: _____

PLEASE SELECT ONLY ONE OPTION

MAIL ALL INFORMATION TO MY: HOME _____ BUSINESS _____

SINGLE \$8.00 **COUPLE \$10.00** **OTHER \$ _____**

I CAN NOT MAKE A CONTRIBUTION AT THIS TIME BUT WISH TO BECOME A MEMBER

PLEASE MAIL YOUR COMPLETED MEMBERSHIP APPLICATION AND CONTRIBUTION TO:

**THE NEWAYGO COUNTY DEMOCRATIC PARTY
BOX 146
NEWAYGO, MICHIGAN 49337**

PLEASE MAKE PAYMENT BY CHECK OR MONEY ORDER – PAYABLE TO NEWAYGO COUNTY DEMOCRATIC PARTY

YOUR MEMBERSHIP IS VALID FOR ONE YEAR FROM THE DATE WE RECEIVE YOUR APPLICATION

Your contribution may be used in connection with local, State and federal elections and is subject to the prohibitions and limitations of the Federal Election Campaign Act. Federal Law requires us to use our best efforts to collect and report the name, mailing address, occupation and name of employer of individuals whose contributions exceed \$200 in a calendar year. **DONATIONS ARE NOT U.S. TAX DEDUCTIBLE**