

CLALLAM COUNTY DEMOCRATS MEMBERSHIP FORM

(Please print clearly and legibly)

One person per form, please

Date _____

Name: _____ Precinct (if known): _____

Street Address: _____ City: _____ Zip: _____

Mailing Address (if different) _____

Telephone: _____ Cell: _____

Email: _____ You will receive announcements about events, activities, and other important information for members? You may always unsubscribe at any time. Do Not EVER Contact ()

Are you registered to vote? Yes () No ()

Annual Membership Dues \$25 per person () Two Householders for \$40 ()

Youth 25 and under \$5 per person ()

Supporting Member \$50 () Century Club \$100 () Other \$ _____

I would like to make a MONTHLY pledge to support the CCD General Fund, including operating expenses and support of endorsed candidates.

\$10 () \$15 () \$20 () \$30 () \$50 () Other \$ _____

Please help me set up an automatic withdrawal payment ()

Occupation* _____ Employer (or retired)* _____

Employer Address* _____

*This information is required by the Washington State Public Disclosure Commission on contributions over \$100 in an election cycle.

YES! I WILL HELP THE CLALLAM COUNTY DEMOCRATS:

() Help staff the office () Work on Events/Fundraising () Computer Skills-what kind? _____

() Help my local Precinct Committee Officer () Identify Democrats-Invite your Friends () Get out the Vote

() Phone Banking () Doorbell/Distribute Campaign Material () Put up/Locate yard signs

() Write Letters to The Editor () March in Parades () Staff the Fair Booth

OTHER (Special Skills I have) _____

Mail to: Clallam County Democrats, P.O. Box 2454, Port Angeles, WA. 98362
(Don't forget payment or use ActBlue online at www.clallamdemocrats.org)