

2020 Membership Application / Information Form

Please print, complete, and return this information for our records



Check one: New Member Renewal

Date: / /

Name		Address (street / city / state / zip)	
Phone	Email	Registered Democrat Yes No You must be a registered Dem	
Employer		Occupation	
<p><i>Employment information is required by law. FEC ID: C00464198; State ID: #1257666.</i> <i>If unemployed, write 'NO EMPLOYMENT' for both Occupation and Employer Name</i></p>			
Membership Option <input type="checkbox"/> Individual: \$25/year <input type="checkbox"/> Senior (65+): \$15/year <input type="checkbox"/> Student: \$15/year <input type="checkbox"/> DEM/Sustaining: \$1,000, \$600, \$360, \$240, other _____ <input type="checkbox"/> Family: \$35/year (please include all registered democrat family member names, employer, occupation, email and phone numbers on back)		Payment Method <input type="checkbox"/> Paid via ActBlue <input type="checkbox"/> Check _____ <input type="checkbox"/> Cash * To Sign up for our DEM (Donate Every Month) program please visit our website http://conejodemocrats.com/ and click on Join Us	

-----TEAR HERE-----

2020 Member Dues Receipt

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Member Name(s):	Membership Option: <input type="checkbox"/> Individual: \$25/year <input type="checkbox"/> Senior (65+): \$15/year <input type="checkbox"/> Student: \$15/year <input type="checkbox"/> DEM/Sustaining: \$600, \$360, \$240 <input type="checkbox"/> Family: \$35/year:	Payment: <input type="checkbox"/> ActBlue Payment <input type="checkbox"/> Cash <input type="checkbox"/> Check
Payment received by:		