



CHARLOTTE COUNTY DEMOCRATIC CLUB MEMBERSHIP APPLICATION

PRECINCT _____

DATE: _____

NAME _____

PHONE # _____

EMAIL _____

(PLEASE PRINT CLEARLY)

ADDRESS _____

CITY/ST/ ZIP _____

REGULAR MEMBERSHIP \$30/ PER PERSON

NEW RENEW (circle one)

ASSOCIATE (NON-COUNTY) MEMBERSHIP \$20 PER PERSON

DONATIONS \$ _____

WOULD YOU LIKE TO VOLUNTEER? Y N

OFFICE ___ PHONE BANK ___ WORK AT POLLS ___ OTHER _____

**Mail or drop off Membership Application: Unit D 3695 Tamiami Trl. Port
Charlotte Fl 33952**

AFFIDAVIT: CIRCLE YOUR ANSWER

I AM A US CITIZEN Y N

I AM A REGISTERED DEMOCRAT: Y N

SIGNATURE _____

.....
OFFICE USE ONLY ;

CHECK # _____ AMOUNT \$ _____ DATE _____