



Dickinson County
DEMOCRATIC
Party

P. O. Box 204

Iron Mountain, MI 49801-0204

dickinsoncountydems@charter.net www.dickinsoncountydems.com

MEMBERSHIP APPLICATION

___ RENEWAL ___ NEW MEMBER

Name: _____

Address: _____

City: _____ Zip: _____

Phone: _____ Cell Phone: _____

E-Mail: _____

Dues Are: \$10.00-**PER PERSON** / per Calendar Year (January 1st to December 31st)

I am enclosing: _____ \$10.00 for a 1 year membership

Please accept my additional donation of: ___\$10 ___\$15 ___\$25 ___\$50 ___Other \$_____

IF PAID AFTER JULY 1ST:

Dues Are: \$15.00-**PER PERSON** for 18 months (July 1st to December 31st of following year)

I am enclosing: _____ \$15.00 for a 1-1/2 year membership (**FOR PAYMENTS AFTER JULY 1ST**)

Please accept my additional donation of: ___\$10 ___\$15 ___\$25 ___\$50 ___Other \$_____

TOTAL ENCLOSED: _____ **DATE:** _____

Please make checks payable to and mail to:

Dickinson County Democratic Party
P. O. Box 204
Iron Mountain, MI 49801-0204

NOTE--PER ELECTION LAW: If donation is \$100.00 or more you must supply the following:

Employer: _____ Occupation: _____

Work Address: _____

City: _____ Zip: _____ Work Phone: _____

Authorized and paid for by the Dickinson County Democratic Party.
Not authorized by any candidate or candidates committee.
Contributions are not tax deductible.

FOR OFFICE USE ONLY
EXPIRES ON: _____