

MEMBERSHIP

REGISTRATION FORM



TO JOIN, PLEASE ANSWER ALL QUESTIONS.

REGISTRATION FORM

Applicant (s) Name

Date :

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

MembershipType : ☐ \$10 Annual Membership + Free MDP Membership

I am paying my membership by ☐ Check ☐ Debit/Credit Card (Use the QR Code to register your membership)

Please accept an additional donation to the party of



PERSONAL INFORMATION

First/Last Name :

Preferred Pronoun : Date Of Birth :

Street Address :

City / State :

Postcode :

E-Mail :

Per Election Law, if your donation is over \$100 you are required to fill out the following Employer section of the Application.

*Employer: *Occupation:

*Work Address : *City / State/Zip

I would like to receive more information regarding ☐ Donating to the local party ☐ Becoming an Elected Official and/or working on a campaign ☐ Becoming active with the local party

Applicant's Signature



Dickinson County Democratic Party

P. O. Box 204
Iron Mountain, MI 49801-0204
www.DickinsonCountyDems.Com

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

Thank
you

Mari L. Negro
Mari L. Negro
County Party Chair