

Democratic Party Membership Form

This payment includes both STATE and Portage County membership.

Date _____

Sign me up for:

Name(s) _____

\$10 Senior/ Student/ Limited Income

Address _____

City _____

\$25 Individual general membership

State _____ Zip _____

\$35 Pairs (includes 2 memberships)

Phone _____

\$45 Activist (includes up to 3 memberships)

E-mail _____

\$75 Family (includes all family members)

Check One: New Membership

*Occupation: _____

New Membership

*Employer: _____

Membership dues are campaign contributions, and are not deductible for federal or state income tax purposes. Your contribution may be used in connection with federal elections, and is subject to the limitations and prohibitions of the Federal Election Campaign Act.

*Federal law requires us to use our best efforts to collect and report the name, mailing address, occupation and name of employer of individuals whose contributions exceed \$200 in a calendar year.

Along with the membership, I would like to include a contribution to the Portage County Democratic Party!

___ \$500 ___ \$250 ___ \$100 ___ \$50 ___ \$25 ___ other amount: \$ ___

County: **PORTAGE**

CD: **7th**

Make check payable to
Democratic Party of Wisconsin

Mail to: PCDP PO Box 515 Stevens Point, WI 54481-0515

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