

Encinitas and North County Democratic Club

Membership Application

Please print this form and mail it with your check to:

ENCDC

P.O Box 1480

Carlsbad, CA 92018

New () Renewal ()

Date: _____

Name(s): _____

Address: _____

Email Address: _____

Phone Number(s): (H) _____ (W) _____ (C) _____

OPT-IN FOR TEXT MESSAGES/PHONECALLS FOR REMINDER OF EVENTS: Y/N

Circle Membership Choice: Individual - \$30 Household - \$45 Super Democrat \$100+ (specify: \$ _____)

Please make your check payable to ENCDC.

I am a registered Democrat: Yes (), No ()

I am employed by: _____

My profession is: _____

The following are areas I would like to help with (you may check one or more): () Political Action () Programs

() Telephone () Computer () Mailing () Refreshments () Publicity () Newsletter () Fund Raising ()

Membership () Voter Registration () GO Team () Other: GOTV