

40th District Democrats ANNUAL MEMBERSHIP



Date: _____

Is this a renewal? (Y / N)

Active members must either reside *or* vote within the 40th LD, **please check all boxes below which apply to you:**

- I reside within the 40th LD.
- I'm registered to vote within the 40th LD.
- Neither of the above (Associate Member)

Please complete ALL fields and PRINT clearly :

Name: _____

Residential Address: _____

City: _____ Zip: _____ County: _____

Voting Address (*if different than residential*): _____

Phone: _____ (cell or landline)

Email: _____

Want to volunteer with us? Please indicate the areas you're most interested in:

- Fundraising
- Finance
- Events
- Community Outreach
- Local Government
- Technology
- Campaigns
- Communications

Other: _____

<p>Membership Level</p> <ul style="list-style-type: none"><input type="checkbox"/> \$10 Basic<input type="checkbox"/> \$20 Primary<input type="checkbox"/> \$50 Sustaining<input type="checkbox"/> \$100 Benefactor<input type="checkbox"/> *Other \$ _____	<p>Make checks payable to: 40th LD Democrats</p> <p>Mail to: PO Box 1111 Bellingham, WA 98225</p>
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*For contributions exceeding \$100/year, the following is required for compliance with Washington's campaign finance regulations:

Occupation & Employer: _____

Employer's Address: _____

(Note: if applicable, 'unemployed' or 'retired' are both acceptable)