



Santa Monica Democratic Club Membership/Renewal Form 2017

Full Name(s):

1) _____ 2) _____

Date of Birth:

1) ____/____/____

Date of Birth:

2) ____/____/____

Address:

City, State, Zip:

Telephone:

Email:

Membership:

- One-Person Membership \$35. Two-Person Membership \$50.
 Low Income/Full-Time Student Membership \$15.

Plus \$5. for each additional member in the household.

May we send your contact information to the State and County Democratic Parties?

- Yes No

I/We affirm that I am/we are registered Democrats:

Signature 1

Signature 2

Please make checks payable to: Santa Monica Democratic Club

Mail to:

Santa Monica Democratic Club
P.O. Box 1052
Santa Monica, CA 90406