Santa Monica Democratic Club
Membership/Renewal Form 2027

Full Name(s):
1) _____ 2) _____

Date of Birth: Date of Birth:
1) _____/_____/_____ 2) _____/_____/_____

Address: City, State, Zip:

_____ _____

Telephone: Email:

_____ _____

Membership:

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

Plus $15. 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