

LINCOLN CA DEMS

DEMOCRATIC CLUB OF LINCOLN

Website: www.LincolnCADems.org
Email: lincolndems@gmail.com

MEMBERSHIP FORM

NAME: (As stated on your voting registration – please print clearly)

Prefer to be called: _____

Email: _____

Phone: _____ Cell: _____

Address: _____

City: _____ Zip: _____

I am registered to vote as a Democrat in Placer County.

I am registered to vote as Declined to State in Placer Count (Associate Membership).

I am a **veteran/veteran** family member.

Dues are \$20 per person per *calendar* year.

Payable in cash or personal check to:

Democratic Club of Lincoln – P.O. Box 834, Lincoln, CA 95648

I am interested in helping with:

Social Events Programs Membership Political Action Service Projects

Paid/Date _____