

LINCOLNCA DEMS

DEMOCRATIC CLUB OF LINCOLN

Website: www.LincolnCADems.org

Email: lincolndems@gmail.com

MEMBERSHIP FORM

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

Prefer to be called _____

Email _____

Phone _____ Cell Phone _____

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 County (Associate Membership)

☐ I am a **Student** (between the ages of 18-26)

Dues are \$20 per person (\$10.00 per student) per *calendar* year Jan. 1 – Dec. 31

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

☐ I am a veteran / veteran family member

Paid/Date _____