

Charlotte County Democratic Club

NEW MEMBERSHIP FORM

___ Full Membership

___ Associate Membership

Date _____

Precinct _____

Legal Name _____

Nickname _____

(Please list your name the way you want it to appear on your (free) name tag.)

Address _____

City _____ State _____ Zip Code _____

Email _____ Phone _____

US Citizen _____yes _____No Registered Florida Democrat _____

Would you be willing to volunteer? _____yes _____No

Office _____ Phone Bank _____ Computer _____ Work at polls _____

Thank you for joining the CCD Club, yearly dues are:

- **Regular Membership** ___\$30.00 (min) per person ___\$50.00 (min) family
- **Associate Membership** ___\$15.00(min) per person ___\$30.00 (min) family
- **Student Membership** ___\$20.00 per person or \$40.00 for a couple

- JOIN COFFEE CLUB ___\$20.00 ___\$50.00 ___\$100 OTHER \$_____
- Monthly Meeting held the second Saturday of each month at 10:30am . Address: 3596 Tamiami Trail # 102. Port Charlotte, FL 33952 (Sunnydell Plaza) Phone: 941-258-3542
- ccdemsclub@gmail.com
- www.charlottefldemsclub.org

IN OFFICE USE: CHECK# _____ AMOUNT \$ _____ DATE _____