## **Grand Traverse County Democratic Party Membership Form**

Date						
Last Name(s)		F	irst		MI	
Address						
City			_State	_ ZIP		
Occupation		Busin	Business name			
Business address						
Home phone		Business phone				
E-mail:						
Membership	levels for	a calendar	year Janua	ary 1 – Dec	ember 31:	
☐ Student \$5		☐ Senior	☐ Senior (65+) \$5		☐ Supporter \$10	
☐ Couple \$20		☐ Silver \$25		□ Go	☐ Gold \$50	
☐ 100 Club \$100		☐ FDR \$250		☐ JFI	☐ JFK \$500	
Additional Dona	ation \$	<del> </del>				
Please make ch	neck payable	e to and Mail to	<ul><li>Grand Tra P.O. Box</li></ul>		ocratic Party	
prohibitions and limitat	ions of the Federal ress, occupation a	Election Campaign And business name of	be used in conne act. Federal law rec individuals who c	quires us to use our contribute in exces	elections and is subject to the best efforts to collect and report s of \$100 per year. Individual	
Grand Travers	se Co. Democra	atic Party 309 E F email: grandtrav			5 Phone 231-946-5555	
Would you like to vo	olunteer? If so l	et us know how:				
☐ Office Staffing ☐ Mailings ☐ Candidate/			□ Precinct Delegate □ Phoning		<u> </u>	
For office use:	Date rec'd	by (initial)	Date entered <sub>-</sub>	by		
Source (circle one	): walk-in, mem mail	#1 mem mail #2 webs	ite, event, other		ack	