**2022 MEMBERSHIP FORM**

**FREE MEMBERSHIP THRU 01/31/23**

**PLEASE MARK ONE:** Renewal \_\_\_\_\_\_\_\_\_ New Member \_\_\_\_\_\_\_\_\_

Lifetime Membership - $150 $ N/C

2022 Annual Membership Fee is $35 $ N/C

Students less than 25 years old is $10 $ N/C

Seniors over the age of 75 years old is $10 $ N/C

I want to donate to the DPCC $ \_\_\_\_\_\_\_

Total **\*\*\*MAKE CHECK PAYABLE TO DPCC\*\*\*** $ \_\_\_\_\_\_\_

**PLEASE PRINT CLEARLY**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile Phone: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How would you like to be contacted? Mail: \_\_\_\_ Email: \_\_\_\_\_

2022 MEMBER AFFIDAVIT OF ELIGIBILITY

I request that the Democratic Party of Carroll County accept my application to serve as a voting member for the 2022 membership term. I confirm that I am a current resident of Carroll County, Arkansas. As a voting member, I agree to abide by the rules of said committee and support the Principles of the Democratic Party. I am eligible and legally qualified to file for membership under the Rules of the Democratic Party of Arkansas.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_ Cash/Check/CC: $\_\_\_\_\_\_\_\_\_\_\_