

TILDEN MEMBERSHIPAPPLICATION

Annual Dues – January 1, 2019 through December 31, 2019

PLEASE PRINT CLEARLY

Name:				
Address:		Suite or Apt:		
City & State:		Zip Code:		
Home Telephone:		Mobile/W	Mobile/Work Telephone:	
E-mail (1 <u>):</u>	E-mail (2):	_E-mail (2):		
Birthday:	_			
Interests: Tilden me would like someone to below.				
☐ Charitable Donations		Petitioning	☐ Working at	t the Polls
☐ Fundraising/Events		Hospitality	☐ Community Issues	
Membership level:	□ \$50 Susta	oll Inspector □\$ aining □\$75 Cor ntribution \$	ntributing	☐ \$10.00 Junior ☐ \$100 Supporting
All members in good sta http://tildendemocrats.c Samuel J. Tilden Der	com/membersh	ip/ or Pay by Your che	ck or money order	ually. Pay online at payable to the: <u>Mail</u> the completed form to:
Brian Van Nieuwenhov The Samuel J. Tilden D P.O. Box 1500 New York, NY 10150-1	emocratic Club	ס		
I wish to have Tilder County Democratic Pa understand that I will regular membership n	arty sponsored be eligible to v	, chartered, or affiliate	ed clubs. If this is	
By signing below, I ce provided is correct.	rtify that I am	enrolled in the Democ	ratic Party and the	e information I have
Signature:		Date	:	
We are committed to efforts to accomplish to paper copy of our noti	these goals, yo	our meeting notices wi		expenses down. In our ou. If you require a

Serving Our Community Since 1953
PO Box 1500, New York, NY 10159-1500 • (347) 948-3367 • tilden@tildendemocrats.com