office use only

## $\frac{T \ H \ E \quad S \ A \ M \ U \ E \ L \quad J}{T \quad I \quad L \quad D \quad E \quad N}$ DEMOCRATIC CLUB

## TILDEN MEMBERSHIP APPLICATION

Annual Dues – January 1, 2020 through December 31, 2020

## PLEASE PRINT CLEARLY

Name:			
Address:	Add	ress 2 (optional):	
City & State:		Zip Code:	
Home Telephone:	Mobile/W	7ork Telephone:	
E-mail:	E-mail 2 (optional):		
Birthday:			
Interests: Tilden members often se to contact you about volunteering			If you would like someone
☐ Charitable Donations☐ Fundraising/Events	☐ Petitioning ☐ Hospitality	☐ Working at the Polls ☐ Community Issues	
	0.00 Poll Inspector 0 Sustaining	☐ \$20 Participating ☐ \$75 Contributing	☐ \$10.00 Junior ☐ \$100 Supporting
Addit	ional Contribution	\$	
All members in good standing enjounter://tildendemocrats.com/memb Tilden Democratic Club. No mate Democratic Club meeting to an office Samuel J. Tilden Democratic Memberships PO Box 1500 New York, NY 1015	ership/ or pay by perso ter how you pay you r ficer of the club, or ma mocratic Club	onal check or money order parties that complete this form & h	yable to the: Samuel J.
☐ I wish to have Tilden considered Democratic Party sponsored, chart eligible to vote 60 days after my du	ered, or affiliated club	s. If this is a new membership	o, I understand that I will b
By signing below, I certify that I ar correct.	n enrolled in the Dem	ocratic Party and the inform	ation I have provided is
Signature:		D	ate:
We are committed to lowering our accomplish these goals, your meeting please check here □.			