office use only



TILDEN MEMBERSHIP APPLICATION

Annual Dues – January 1, 2023 through December 31, 2023

PLEASE PRINT CLEARLY

Name:					
Address:	ldress: Address 2 (optional):				
City & State:			Zip Code:		
Home Telephone:		Mobile/V	Work Telephone:		
E-mail:	mail: E-mail 2 (optional):				
Birthday:					
			or focus on an area of interest e following topics, indicates		
		☐ Petitioning ☐ Hospitality	☐ Working at the Polls ☐ Community Issues		
Membership level:		.00 Poll Inspector Sustaining	☐ \$20 Participating☐ \$75 Contributing	☐ \$10.00 Junior ☐ \$100 Supporting	
	Additio	onal Contribution	\$		
http://tildendemocrats.com	m/memb . No matt to an offic den Dem erships	ership/ or pay by per ter how you pay you cer of the club, or ma ocratic Club	eges of membership equally. rsonal check or money order must complete this form & ail this completed form to:	r payable to the: Samuel J.	
Democratic Party sponsor	ed, charte	red, or affiliated club	will not be voting at any otles. If this is a new membership ter I attend one membership	ip, I understand that I will be	
By signing below, I certify correct.	that I am	enrolled in the Dem	ocratic Party and the inform	nation I have provided is	
Signature:			I	Date:	
			nment and keeping expenses iled to you. If you require a		