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

## PLEASE PRINT CLEARLY

Name:			
Address:		Suite/Apt:	
City & State:	Z	Zip Code:	
Home Telephone: Mobile/Work Telephone:			
E-mail:			
Birthday:			
Interests: Tilden members often serve someone to contact you about volunte			
☐ Charitable Donations	☐ Petitioning	☐ Working at the Polls	
☐ Fundraising/Events	☐ Hospitality	☐ Community Issues	
Membership level:			
□ \$20 Part	cicipating □ \$25 Sust	aining	
□ \$50 Con	ntributing   \$75 Supp	porting	
A	Additional Contribution \$		
	nip or pay by personal check how you pay you must comp of the club, or mail this con		
New York, NY 10159-1500			
	d or affiliated clubs. If this is	e voting at any other New York County a new membership, I understand that I will be	
By signing below I certify that I am encorrect.	rolled in the Democratic Par	ty and the information I have provided is	
Signature:		Date:	
		keeping expenses down. In our efforts to  If you require a paper copy of our notices,	

Serving Our Community Since 1952
PO Box 1500, New York, NY 10159-1500 • (347) 948-3367 • tilden@tildendemocrats.com