



## NORTH PORT DEMOCRATIC CLUB

### MEMBERSHIP APPLICATION

**NAME/S:** (please print) \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**PHONE #:** (specify home, work, cell)

Club Mission Statement: To protect individual rights for all people, promote democracy and fair treatment for all nations.

Goals: To elect Democratic candidates and promote Democratic values through mutual support, the exchange of ideas, community involvement and public education while continually striving to increase our membership.

I am a registered Democrat and live in Sarasota County: ( please sign & date below)

**Annual Dues:** \$20. Per year for individuals; \$35 for families.

*Donations over and above dues amounts are gratefully accepted.*

*Please make all checks payable to:*

**NORTH PORT DEMOCRATIC CLUB**

PO Box 7609 North Port, FL 34287-2018  
Phone: (941) 275-9195  
contact@northportdems.org www.northportdems.org

