

Lexington Democratic Club MEMBERSHIP/RENEWAL FORM

NEW MEMBERSHIP

RENEWAL

SECTION 1: MEMBER CONTACT INFORMATION

TITLE	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms		
NAME			
ADDRESS 1		HOME TELEPHONE	
ADDRESS 2		CELL PHONE	
TOWN/CITY		PRIMARY EMAIL	
ZIP CODE		SECONDARY EMAIL	

SECTION 2: MEMBERSHIP TYPE AND PAYMENT DETAILS

MEMBER TYPE	DESCRIPTION	MEMBERSHIP DUES (Annual)	Please Check
REGULAR	As a member, you will receive our monthly Newsletter, updates on our elected officials' district activities, and invitations to special events.	\$20	
SUPPORTING		\$50	
SUSTAINING		\$100	
PAYMENT METHOD	<input type="checkbox"/> Personal Check <input type="checkbox"/> Cash		

Signature: _____

Date: _____