



JACKSON DEMOCRATS MEMBERSHIP FORM

Name: _____

Phone number: _____ Email address: _____

Street address: _____

I am registered to vote at this address

Mailing address (if different): _____

Please send me info by postal mail, NOT by email.

Campaigns that are endorsed by the Jackson Dems can ask me to:

Volunteer: Yes No

Host a yard sign: Yes No

Donate: Yes No

I am interested in running for office.

Yes No Maybe

I would like to get involved with the Jackson Dems! Sign me up for:

Finance & Fundraising Team

Political Organizing Team

Communications Team

Rules Committee

Membership & Outreach Team

*You can pay your voluntary dues online: jacksoncountydems.org
Or write a check payable to "Jackson County Democratic Committee"
PO Box 2000, Jackson, MI 49204-2000.*

I will be a sustaining member:

\$20/mo. \$10/mo. \$5/mo. \$3/mo. \$____/mo.

I will be an annual member:

\$100/yr. \$50/yr. \$25/yr. \$10/yr. \$____/yr.

I am not able to contribute financially right now; I will be a free member.

Signature: _____ Date: _____

THANK YOU!

Printed in-house, labor donated.

Paid for by Jackson County Democratic Committee, 757 W Franklin, Jackson, MI 49201.