



Membership Application

New Member Renewal

Please Print

Name: _____

Address: _____

City: _____ Zip: _____ Telephone: _____

Email Address: _____

(Important- most of our member contact is via email, your email will be kept private and will never be used for anything beyond club contact.)

Date of Birth: _____

Are you registered as a Democrat in the State of Florida?* _____

Are you between the ages of 21 – 41?* _____

____ I am not registered as a Democrat in the State of Florida, or do not meet your age requirement, but I wish to become an Affiliate of the Sarasota-Manatee Young Democrats.

If you have skills or interests that you would like to contribute, please describe them:

How did you hear about the Sarasota-Manatee Young Democrats?

Referred by: _____

By signing below, I affirm that I wish to become a Member or Affiliate of the Sarasota-Manatee Young Democrats. Enclosed is my payment of **\$35*** for one year of dues. I would also like to include an additional donation of \$_____ to further help fund the programs and mission of the Sarasota-Manatee Young Democrats.

***Please note that dues are required within one month of joining.**

Signature: _____ Date: _____

Sarasota-Manatee Young Democrats
P.O. Box 19811
Sarasota, FL 34276
www.srqyoungdems.com

For office use only

Date dues received: _____

Payment type: Cash or Check #: _____

New renewal date: _____

Form Updated: 6/13/06