

PORT ORANGE DEMOCRATIC CLUB

P.O. Box 291982, Port Orange FL 32129 386-232-8811

www.portorangedems.org e-mail: podems@outlook.com

www.facebook.com/PODemsPage Instagram, Bluesky, and Mastodon: @portorangedems

MEMBERSHIP APPLICATION

Membership expires December 31st



Name: _____

N =New . R =Renewal

Street Address: _____

City: _____ State: _____ Zip Code: _____

Secondary Address: _____

Email Address: _____

Preferred Phone Contact: Home Cell Work _____ Text: Yes No

Secondary Phone Home Cell Work _____ Text: Yes No

Preferred Method of Contact: EMAIL TEXT PHONE

I am interested in becoming involved in the following areas (check all that are applicable):

- | | |
|--|---|
| <input type="checkbox"/> Campaign Activities | <input type="checkbox"/> Newsletter/Publicity |
| <input type="checkbox"/> Membership Activities (Recruitment) | <input type="checkbox"/> Finance/Fundraising |
| <input type="checkbox"/> Legislative Activities | <input type="checkbox"/> Social Media/Website |
| <input type="checkbox"/> Voter Registration | |
| <input type="checkbox"/> Other (Please specify) _____ | |

Membership Dues: \$25.00 per person (\$10 student with ID). Make checks payable to:
Port Orange Democratic Club. Mail to P.O. Box 291982 Port Orange, FL 32129

I am a Registered Democrat in Volusia County. Precinct # _____ (if you don't know, we can look it up)

Voter Registration Number **OR** Date of Birth: _____

I certify that I am a REGISTERED DEMOCRAT

***** If you have PROTECTED STATUS, please provide proof of registration**

***** All others will be verified with the Volusia County Supervisor of Elections**

Signature: _____ Date: _____

***** PLEASE DO NOT WRITE IN THIS BOX *****

Paid: \$ _____ Cash Check # _____ CCard Rec'd by: _____