

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

2025 MEMBERSHIP APPLICATION

Membership expires December 31, 2025



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):

☐ Campaign Activities

☐ Newsletter/Publicity

☐ Membership Activities (Recruitment)

☐ Finance/Fundraising

☐ Legislative Activities

☐ Social Media/Website

☐ Voter Registration

☐ 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: _____