

Grand Traverse County Democratic Party Membership Form

Memberships \$25 & up can be joint membership, please fill in partner information 2023

Date _____

Last Name _____ First _____

Last Name partner _____ First _____

Address _____

City _____ State _____ ZIP _____

Occupation _____ Business name _____

Business address _____

Partner Occupation _____ Partner Business name _____

Partner Business Address _____

Home phone _____ Mobile phone _____

E-mail: _____

Would you like to volunteer? _____

Please note: we are required to obtain occupation and business address by Michigan campaign finance law. If retired or not employed simply put not Employed in the Occupation field and ignore Business Address

Membership levels for a calendar year January 1 – December 31:

Student \$0 Senior \$5 Supporter \$10 Silver \$25 Gold \$50 100 Club \$100

FDR \$250 JFK \$500 Truman \$1000 Other Amount: _____

Add'l Donation \$ _____

Please DO NOT SEND CASH **GTCDC**

Please make check payable to and Mail to: P.O. Box 1532
Traverse City Mi 49685

Donations are *not* tax deductible. Your contribution may be used in connection with federal elections and is subject to the prohibitions and limitations of both the Federal Election Campaign Act and Michigan Campaign Finance Law. Both Federal and State law requires us to collect and report the name, mailing address, occupation and business name of individuals who contribute in excess of \$100 per year. We cannot accept cash.

Grand Traverse Co. Democratic Committee 309 E Front St Traverse City MI
Phone 231-946-5555
email: grandtraversedems@gmail.com

For office use: Date rec'd _____ by (initial) _____ Date entered _____ by (initial) _____

Source (circle one): walk-in, mem mail #1 mem mail #2 website, event, other _____