MEMBERSHIP APPLICATION

_	Ind	dividual \$3	30 _	Household \$50	Student \$15
Name					_
Name					
Street Address					
City					Zip Code
Home Telephone _					
Cell Phone					
Email					
*Occupation					
*Employer					
*Required by	/ Fede	eral Final	nce La	iws	
Registered Democr	ocrat? Yes No (circle or underline "Yes" or "No")				

Please make check payable to the Feather River Democratic Club and mail to PO Box 704, Yuba City, CA 95992.

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