



ORMOND BEACH AREA DEMOCRATIC CLUB
ORMOND BEACH, FLORIDA
MEMBERSHIP APPLICATION

Precinct # _____

Member Name _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone: Home _____ Cell _____

Text: yes _____ No _____

Email _____

Current/past occupation (note if retired) _____

Volunteer choice(s): _____

Registered Democrat (required) _____ (*please let us register you as a Democrat if needed*)

Membership fee is \$25.00 (minimum) per calendar year and you are welcome to donate more.

Dues amount contributed: _____

Type of payment: Credit Card _____ Cash _____ Check # _____

****Because the legal limit of cash payments per person is \$50 per election cycle, checks and credit card are preferred payment type.**

Date: _____ Signature: _____

If you are **mailing** your Membership form, please send it to:

OBADC

P O Box 2904

Ormond Beach FL 32175.