



2024 MEMBERSHIP FORM

MEMBERSHIP TYPE

<input type="checkbox"/> Family Membership	<input type="checkbox"/> Individual Membership	<input type="checkbox"/> Reduced Price Membership
\$30.00	\$15.00	\$10.00
Maximum of 2 People per Family		Student, Retired or Disabled Individuals

I am/We are:

- Returning member(s)
 New member(s)

APPLICANT INFORMATION

Name:

Phone:

E-mail:

Address:

City:

State:

ZIP Code:

For Family Memberships Only

2nd Member Name:

2nd Member Phone:

2nd Member E-mail:

2nd Member Address :

City:

State:

ZIP Code:

Volunteer Sign-Up

- | | |
|--|---|
| <input type="checkbox"/> Door-to-Door Canvasing | <input type="checkbox"/> Get-Out-the-Vote Work |
| <input type="checkbox"/> Phone Banking | <input type="checkbox"/> Voter Registration |

Other:

PAYMENT INFORMATION

Check / Money Order Payable to: Ward 17 Democratic Club

Mail Completed Membership Form & Payment to: Ward 17 Democratic Club
P.O. Box 110184
Cleveland, Ohio 44111