

The Democratic Party of Washington County

Join Us Today!

Building Community Through Action

Membership Information

Name: _____

Address: _____

Phone: _____

Email: _____

Enclosed is my check made out to *The Democratic Party of Washington County* for a one-year membership at the following level:

____ \$25 Individual ____ \$35 Couple ____ \$10 Senior or Student

*Please note that membership in the county party automatically enrolls you in the state party as well

____ I have also enclosed a contribution in the amount of \$_____ for the WDCP Office Fund.
This contribution may be included in the same check.

*Contributions to the Democratic Party of Washington County and the Democratic Party of Wisconsin are not deductible from federal or Wisconsin taxes. Wisconsin law requires us to use our best efforts to collect and report the name, address, occupation, employer and employer address of individuals whose contributions exceed \$100 in a calendar year. Corporate contributions cannot be accepted.

This form, along with payment, may be sent directly to:

The Democratic Party of Washington County
PO Box 355
West Bend, WI 53095

Check out our website at washingtoncountydems.org for more information!