

The Democratic Party of Washington County

Building Community Through Action

Membership Information

Name: _____

Address: _____
Street City Zip

Phone: _____ *Occupation: _____

Email: _____

Age: _____ 14 to 24 _____ 25 to 40 _____ 40 to 55 _____ 55 to 70 _____ 70+
(Student membership fee may be paid by the County Party.)

Enclosed is my check made out to The Democratic Party of Washington County (DPWC)
for a 12 month membership at the following level:

_____ \$25 Individual _____ \$35 Couple _____ \$10 Senior, Student or Limited Income

*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 DPWC 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 and address of individuals who contribute more than \$10 and occupations for those whose contributions exceed \$200 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 washingtoncountywisdems.org for more information!

Paid for by The Democratic Party of Washington County, Stephen Roberts, Chair, David Kliss, Treasurer