



MEMBERSHIP APPLICATION

Name: _____

Home Address: _____

Home Phone: () - _____ Fax: () - _____

Home Email: _____

Employer: _____

Bus. Address: _____

Bus. Phone: () - _____ Fax: () - _____

Bus. Email: _____

Occupation: _____

Where do you prefer receiving correspondence? (circle) Home Business

How do you prefer to pay DFOC Membership Dues? (circle below)

\$1,000 Annually \$500 Semi-Annually \$250 Quarterly

Check is enclosed in the amount of _____.
Checks should be made payable to "Democratic Foundation of Orange County".

Please bill my Credit Card: (circle) AMEX MC VISA

Card Number: _____

Expiration Date: _____ Amount: _____

I authorize the Democratic Foundation of Orange County to bill my credit card for the above noted amount.

Signature: _____ Date: _____

Credit Card charges will appear on statement as "contribution".

**Please return completed application to:
Democratic Foundation of Orange County, PO Box 26708, Santa Ana CA 97799**

*Paid for and authorized by the Democratic Foundation of Orange County.
Contributions are not tax deductible for Federal Income Tax purposes. Federal ID#: C00176420. State PAC ID#: 830453.
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