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P.O. Box 3360
Tallahassee, FL 32315-3360

MEMBERSHIP AND CONTRIBUTION FORM

General Member Registered Florida Democrat <input type="checkbox"/> \$25/Annual <input type="checkbox"/> \$15/Pro-Rated	Associate Member Registered Florida Democrat <input type="checkbox"/> \$25/Annual <input type="checkbox"/> \$15/Pro-Rated	Friend of the Organization Non-Resident/Voter <input type="checkbox"/> \$25/Annual <input type="checkbox"/> \$15/Pro-Rated	Student Member Full-Time Student (Student ID required.) <input type="checkbox"/> \$15/Annual
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Name _____ Date of Birth _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone Number _____ Email Address _____

Occupation (required for financial records) _____ Employer (required for financial records) _____

Race & Gender (used for statistical reporting) _____ County/State of Voter Registration _____

Name of School/University (students only) _____

Please make checks payable to Capital City GLBTA Democratic Caucus, Inc.

Dues are payable upon joining and, thereafter, in advance on or before June 30 of each year. Pro-rated membership dues are available for members joining between January 1st and June 29th of any particular year. Student members must present a valid student identification card at time of membership or renewal.

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Not authorized by any candidate or candidate's committee.