

Membership Form

**WELLSTONE
DEMOCRATIC
RENEWAL CLUB**



Date: _____

Name: _____

Address: _____

City/State/Zip/+4 _____

Home Phone: _____ Day Phone: _____

Cell Phone: _____ Fax: _____

Email: _____

Preferred method of contact: _____

Organizational affiliations (for community building purposes):

Interests & Skills: _____

Committee Interests: Check all that apply

<input type="checkbox"/> Electoral Action	<input type="checkbox"/> Clean Money	<input type="checkbox"/> New member Orientation
<input type="checkbox"/> Peace	<input type="checkbox"/> Voting Rights	<input type="checkbox"/> Strategy/Policy/Message
<input type="checkbox"/> Fund Raising	<input type="checkbox"/> Social Security	<input type="checkbox"/> Communication/Media/Outreach
<input type="checkbox"/> Health Care	<input type="checkbox"/> Membership Empowerment and Development	

May we announce your name as a new member on our email list and newsletter? Yes No

Annual Dues

Regular: \$25 Low Income: \$10 • Check Cash

Payable to **Wellstone Democratic Renewal Club** or **WDRC**

P.O Box 65, Berkeley, CA 94701-0065

www.WellstoneClub.org • 510.262.1001 • info@WellstoneClub.org