2022 MEMBERSHIP FORM

PLEASE MARK ONE: Renewal _____ New Member _____

Lifetime Membership - $150 $ _____

2022 Annual Membership Fee is $35 $ _____

Students less than 25 years old is $10 $ _____

Seniors over the age of 75 years old is $10 $ _____

I want to donate to the DPCC $ _____

Total $ _____

_____ I request information about a waiver of Membership Fees

*****MAKE CHECK PAYABLE TO DPCC*****

Renewals only need to print their name and any new or changed information:

Full Name: _____

Physical Address: _____

Mailing Address: _____

City/State/Zip: _____

Mobile Phone: (___)_____ Home Phone: (___)_____

Date of Birth: _____ E-mail: _____

How would you like to be contacted? Mail: ____ Email: _____

2022 MEMBER AFFIDAVIT OF ELIGIBILITY

I request that the Democratic Party of Carroll County accept my application to serve as a voting member for the 2022 membership term. I confirm that I am a current resident of Carroll County, Arkansas. As a voting member, I agree to abide by the rules of said committee and support the Principles of the Democratic Party. I am eligible and legally qualified to file for membership under the Rules of the Democratic Party of Arkansas.

Signature: _____ Date: _____

Received by: _____ Date: _____ Cash/Check/CC: $_____

PLEASE MAIL TO: DPCC PO Box 8 Eureka Springs, AR 72632