

Young Democrats of Michigan Membership Form

Courtesy Title	First Name	Middle Name	Last Name
Home Address			Date of Birth
City/State		Zip Code	County
Home Phone	School/Work Phone	Cell Phone	
Email Address	I would prefer mailings be sent to my: Home Business		
School/Business Address			
City/State		Zip Code	County

Your membership is valid for one year from the date that we deposit your check.

<input type="checkbox"/> Student \$10	<input type="checkbox"/> Basic \$20	<input type="checkbox"/> Alumni or Other \$ _____
<input type="checkbox"/> I cannot make a contribution at this time, but I wish to be a YDMichigan member.		

State law requires us to use our best efforts to collect and report the name, mailing address, occupation and name of employer of individuals whose contributions exceed \$200 in a calendar year.

Occupation: _____

Employer: _____

Are you currently involved in a Young Dem chapter in your area?	Yes	No
If no, are you interested in starting one?	Yes, please contact me!	No

Signature	Date
_____	_____

You must be between the ages of 15 and 35 to be a member of the Young Democrats of Michigan.

www.YDMICHIGAN.org

Please mail this completed form to:

Young Democrats of Michigan

20234 Santa Barbara Dr.

Detroit, MI 48221.

Make checks payable to: Young Democrats of Michigan