

LOS ANGELES COUNTY DEMOCRATIC PARTY

ASSOCIATE MEMBER APPOINTMENT FORM

Los Angeles County Democratic Party
3550 Wilshire Boulevard, Suite 1203
Los Angeles, CA 90010
213-382-0063
Fax: 213-382-1278
membership@lacdparty.org

Name of Democratic Club: _____

Signature of Democratic Club President

Print Full Name of Democratic Club President

Date

WE HAVE APPOINTED THE FOLLOWING AS OUR DEMOCRATIC CLUB REPRESENTATIVE TO THE LOS ANGELES COUNTY DEMOCRATIC PARTY.

Associate Member Name: _____

Email: _____

Phone (Cell): _____

Phone (Home): _____

Phone (Work): _____

Fax: _____

New Assembly District: _____

Resident (Voting) Address: _____

City: _____ ZIP: _____

Public Mailing Address (Skip if same as above): _____

City: _____ ZIP: _____

PLEASE COMPLETE THE FOLLOWING AND PROVIDE THE PAYER INFORMATION:

Payment of \$48 (\$60 after July 9, 2013) paid in the form of: Cash Check Credit Card

Contributor Name: _____ Phone: _____

Address: _____ City: _____ ZIP: _____

Occupation (Required): _____ Employer (Required): _____

Name on Card: _____ Card Type: Visa / MasterCard / AmEx

Card Number: _____ Exp. Date: _____

A club must be chartered with the Los Angeles County Democratic Party in order to appoint an Associate Member. The Associate Member may not be an individual who has been removed from membership of LACDP during the current term. All Associate Member appointments are subject to the ratification by the LACDP Policy Committee. The individual will become a member as of the next meeting of the LACDCC at least fifteen (15) days after ratification. The member's term will expire at the end of the term. The appointment may be revoked by the appointing Democratic Club upon written notice to LACDP.