



NEW
PH: 614-259-8020

2021 Membership Application

NEW Member(S) Annual Renewal
Referred by _____

Please PRINT clearly

First Name _____	First Name _____
Last Name _____	Last Name _____
Cell Phone _____	Cell Phone _____
Home Phone _____	Home Phone _____
Email _____	Email _____
Address _____	
City _____	Zip _____

Annual suggested individual membership: **\$25**. Students: **\$10**. **Donations appreciated.**

Minimum \$5 recurring monthly donations can be arranged through the [ActBlue](https://secure.actblue.com/donate/ohiodelademsmem) website link below

<https://secure.actblue.com/donate/ohiodelademsmem>

Delaware County Democratic Party contributions are NOT tax deductible

REMIT TO: Delaware County Democratic Party, P.O. Box 872, Delaware, Ohio 43015

For office use only
Payment information

**Thank You for
Supporting the
Delaware County
Democratic Party!**

	Amount For	
	Membership	Donation
Check #		
Cash \$		
Online		

Received by: _____

Date: _____