

# Constitution Party of Georgia

## Membership Enrollment Form



Please print and use ink. This form can be filled out with the Acrobat Reader software.

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Title: Mr. Mrs. Miss Dr.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, ZIP: \_\_\_\_\_, \_\_\_\_\_ County: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

E-mail address: \_\_\_\_\_ Primary Interest: \_\_\_\_\_

Occupation (Required by FEC.) \_\_\_\_\_

Employer (Required by FEC.) \_\_\_\_\_

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### Sustaining Membership:

\_\_\_\_\_ Monthly Membership Contribution of \$10.00 or more \$ \_\_\_\_\_

### Basic Membership:

\_\_\_\_\_ Individual Membership \$25.00 \$ \_\_\_\_\_

\_\_\_\_\_ Husband & Wife Membership \$35.00 \$ \_\_\_\_\_

\_\_\_\_\_ Full-Time Student Membership \$10.00 \$ \_\_\_\_\_  
(Include photocopy of proof of current enrollment with application.)

### Additional Contribution Options:

\_\_\_\_\_ One Time Donation: \$ \_\_\_\_\_

Those who meet the following qualifications for membership are welcome to join:

1. I am a registered voter in the State of Georgia.
2. I agree in principle with the platform of the Constitution Party.
3. I resign any membership or role in another political party organization.

I (we) meet the above requirements and wish to join the Constitution Party of Georgia.

Signature(s) \_\_\_\_\_ Date: \_\_\_\_\_

(If husband and wife join, both sign the application and indicate employer and occupation.)

Make check or money order payable to "Constitution Party of Georgia" and mail to Constitution Party of Georgia, PO Box 2153, Woodstock, GA 31088-1375