



SARASOTA COUNTY DEMOCRATIC JEWISH CAUCUS

APPLICATION FOR MEMBERSHIP AND RENEWAL

DATE _____

PERSON 1 _____

PERSON 2 _____

CELL 1 _____

CELL 2 _____

EMAIL 1 _____

EMAIL 2 _____

FLORIDA MAILING ADDRESS _____

CITY _____ ZIP _____ LANDLINE _____

IF YOU ARE NOT A FULL-TIME FLORIDA RESIDENT, WHAT IS YOUR OTHER ADDRESS?

IN WHAT COUNTY AND STATE ARE YOU REGISTERED AS A DEMOCRAT?

 ARE YOU A VETERAN?

___ YES ___ NO

WHICH COMMITTEE IS OF INTEREST TO PERSON 1 AND/OR PERSON 2 (enter # on the line)?

___ PROGRAMMING

___ FINANCE

___ COMMUNICATIONS

___ FUNDRAISING

___ NOMINATING

___ ISSUES AND VALUES

___ MEMBERSHIP

___ DATA BASE MANAGEMENT

MEMBERSHIP FEES

___ \$ 18 INDIVIDUALS UNDER 25 YEARS

___ \$ 36 GENERAL MEMBERSHIP

___ \$ 54 FAMILY MEMBERSHIP

___ \$100 AND ABOVE \$ _____

FROM WHICH SPEAKERS WOULD YOU LIKE TO LEARN? WHAT ISSUES WOULD YOU LIKE ADDRESSED? IN WHAT ACTIVITIES WOULD YOU LIKE SCDJC TO ENGAGE? WHAT DO YOU SUGGEST WE EXPLORE TO INCREASE OUR EFFECTIVENESS AS A JEWISH CAUCUS?

 CHECKS ARE PAYABLE TO **DECSC**.

WRITE **JEWISH CAUCUS** ON THE MEMO LINE AND MAIL YOUR CHECK (# _____)

AND THIS APPLICATION TO:

SC DEMOCRATIC JEWISH CAUCUS, P.O. BOX 21083, SARASOTA, FL 34276

 **THANK YOU AND SHALOM**