

LA CROSSE COUNTY DEMOCRATIC PARTY MEMBERSHIP FORM

Please check the dues structure that applies:

- _____ \$ 10 Senior, Student, Limited Income
- _____ \$ 25 General Membership (1 member)
- _____ \$ 35 Pairs (up to 2 members)
- _____ \$ 45 Yearly Activist (up to 3 members)
- _____ \$ 75 Family
- _____ \$ 120 Supporting Membership
- _____ \$ 240 Friend
- _____ \$ 600 Patron
- _____ \$ 2,400 Benefactor

I would like to support the LCDP with a donation of

\$ _____

Total Amount Paid \$ _____

Make checks payable to:

La Crosse County Democratic Party
P. O. Box 1861
La Crosse, WI 54602-1861

You may also donate online at:
www.laxdems.com

Received _____
(for LCDP use)

Name(s) _____

Name(s) _____

Address _____

City _____

State _____ Zip Code _____

Phone (____) _____

Email _____

*Occupation _____

*Employer _____

Contributions are not tax deductible for federal tax purposes. Your contribution may be used in conjunction with federal elections and is subject to the limitations and prohibitions of the Federal Election Campaign Act.

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

I recommend contacting as a possible member:

Name _____

Phone _____

Email _____

01/17