

Membership Application
Muscogee County Democratic Party (MCDP)
(REVISED August 2017)

Name: _____

Address: _____

City & State: _____ Zip Code: _____

Email Address: _____

If you know the City Council and School District (they are the same district) in which you live, please circle the number:

1 2 3 4 5 6 7 8

Telephone Numbers:

Cell: _____ Home: _____

Check one: New Member _____ Renewal _____

Where would you like to work? Check committee(s) and caucus(es) of your choice.

Committees

- ___ Affirmative Action
- ___ Budget/Finance
- ___ Bylaws
- ___ Fundraising
- ___ Membership
- ___ Outreach/Program
- ___ Public Relations
- ___ Voter Registration/Education

Caucuses

- ___ African-American
- ___ Asian-American/Pacific
- ___ Disability
- ___ Latino
- ___ LGBTQ
- ___ Rural
- ___ Senior
- ___ Veterans

Please send the completed form and your \$20 donation (make checks payable to MCDP) to:

Treasurer, Muscogee County Democratic Party
P.O. Box 6591
Columbus, GA 31917