

**Washington 2nd Legislative District Democrats
PO Box 181
Eatonville, Washington 98328**

**2024 Membership Form
or
Non-Membership Donations**

Membership for Year: <u>2024</u>	
<input type="checkbox"/> Regular - \$25/calendar year	<input type="checkbox"/> Patron - \$50/calendar year
<input type="checkbox"/> Senior/Disabled/Limited Income - \$15 per calendar year	
<input type="checkbox"/> Request Hardship Waiver	

Other Donation
Amount: \$_____
Event: _____ (if applicable)

Total Amount Enclosed: Check: \$ _____ Cash: \$ _____ Date: _____

First Name:	Middle:	Last Name:
Street:	City, ST, Zip:	Email:
Mailing Address, <u>if different</u> :	City, ST, Zip:	Home phone: Cell phone:
*Occupation:	*Employer:	Employer's City & State

Please print and fill out the form and mail to: 2nd LD Democrats, PO Box 181, Eatonville, WA 98328

Notes:

- *Occupation and employer information are required by the Public Disclosure Commission when a person's aggregate donations for the year exceed \$100.