



La Crosse County Democratic Party

2011 Membership

Received _____

Renewal Month _____

Name _____

Address _____

City/ State _____ Zip _____

Home/Cell Phone _____

Work Phone _____

Email _____

Occupation _____

Assembly District 94th _____ 95th _____ Ward _____

_____ Yes, I am interested in volunteering for party activities

I recommend contacting as a possible member

Name _____

Phone _____

Email _____

Please check due structure that applies

___ \$25 General Memberships
(\$10 each, up to 3 additional members)

___ \$10 Senior citizen or Student

___ \$35 Pairs (up to 2 memberships)

___ \$45 Activist (up to 3 memberships)

___ \$75 Family Membership

___ \$120 Supporting Membership

___ \$240 Friend

___ \$600 Patron

___ \$2400 Benefactor

I would like to support the LCDP with a donation of \$ _____

TOTAL Amount Paid: \$ _____ Check ___ Cash ___

Make checks payable to:

La Crosse County Democratic Party

P.O. Box 1861

La Crosse, WI 54602-1861