## **MEMBER INFORMATION FORM**



All members must complete this form to pay dues and communicate your updated contact information. It is every member's responsibility to keep their contact information updated by submitting this form in a timely manner.

YOUR MEMBI	ER TYPE (Circle (	<u>Jne)</u>				
REGULAR	EX OFFICIO	PERMANENT ALTERNATE	1 <sup>ST</sup> ALTERNATE	2 <sup>ND</sup> ALTERNATE	3 <sup>RD</sup> ALTERNATE	
•	ternate, please inc ne for whom you	licate the Regular/Ex C serve:	Officio			
YOUR	R FIRST NAME	1	MIDDLE	LAST NAME		
MOBILE PHONE		HO	ME PHONE	WORK PHONE		
EMAIL ADDRI	ESS:					
Notices are sent	using your email ad	dress. <u>If you prefer notice</u>	es be sent to your mailing	address via U.S. Mail inst	ead, sign here.	
Signature: Date						
		d accept that this is NOT made in writing or by su	the preferred method of cobmitting a new form.	ommunication and may re	esult in untimely	
YOUR ADDRESS WHERE REGISTERED TO VOTE:						
STREET			CITY ZIP		ZIP	
Your Mailing Ad		ent from registered addre				
STREET			CITY ZIP		ZIP	
YOUR DISTRICTS:	AD	SD	CD	SUPERVIS	OR	
DUES PAID:	\$	- ·	TE ID:			
Dues are current FEC# C0045720	ly set at \$40.00 for	Regular, Ex Officio and I this committee are not co	Permanent Alternates, and onsidered charitable contributions			
OCCUPATION	:		EMPLOYER:			
next 12 months v action items, and I am under no ob	vith member comm alerts. I understan digation to authoriz	unications including but a d that message/data rates e SBCDP to send me text	mocratic Party (SBCDP) to not limited to meeting & e may apply and that I may t messages as part of mem or by emailing Chair@SB	vent reminders, voting in receive up to 16 texts per bership. I may opt out of	formation, news & r month. I know that	
SIGNATURE:			DATE:			