

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 MEMBER TYPE (Circle One)

REGULAR EX OFFICIO PERMANENT ALTERNATE 1ST ALTERNATE 2ND ALTERNATE 3RD ALTERNATE

If you are an alternate, please indicate the Regular/Ex Officio Member's Name for whom you serve:

YOUR FIRST NAME

MIDDLE

LAST NAME

MOBILE PHONE

HOME PHONE

WORK PHONE

EMAIL ADDRESS:

Notices are sent using your email address. If you prefer notices be sent to your mailing address via U.S. Mail instead, sign here.

Signature: _____ Date _____

By signing, you fully understand and accept that this is NOT the preferred method of communication and may result in untimely notifications. Any changes must be made in writing or by submitting a new form.

YOUR ADDRESS WHERE REGISTERED TO VOTE:

STREET

CITY

ZIP

Your Mailing Address (only if different from registered address):

STREET

CITY

ZIP

YOUR DISTRICTS:

AD

SD

CD

SUPERVISOR

DUES PAID: \$ _____ **DATE PAID:** _____
Dues are currently set at \$40.00 for Regular, Ex Officio and Permanent Alternates, and \$25.00 for Alternates. FPPC# 742176 and FEC# C00457200. Contributions to this committee are not considered charitable contributions for income tax purposes. Occupation and Employer are required by law.

OCCUPATION: _____ **EMPLOYER:** _____

By signing below, I authorize the San Bernardino County Democratic Party (SBCDP) to contact me by SMS text message over the next 12 months with member communications including but not limited to meeting & event reminders, voting information, news & action items, and alerts. I understand that message/data rates may apply and that I may receive up to 16 texts per month. I know that I am under no obligation to authorize SBCDP to send me text messages as part of membership. I may opt out of receiving these communications from SBCDP at any time by texting 'STOP' or by emailing Chair@SBCDP.org.

SIGNATURE: _____ **DATE:** _____