## **2024 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 or choose or	ne)				
REGULAR	EX OFFICIO	PERMANENT ALTERNATE	lst ALTERNATE	2nd ALTERNATE	3rd ALTERNATE	
	ernate, please indicate the					
Your First Name		Mid	dle	Last Name		
	Mobile Phone			Home Phone		
Email address:						
	Notices are sent using y	our email address. <u>Plea</u>	se provide an email	address that you ch	eck regularly.	
Your physical a	ddress where registered	l to vote:				
Street			City	City		
Your mailing ad	ldress (if different):					
Street			City		ZIP	
Your Districts:	AD	SD	CD	SUP	ERVISOR	
	e currently set at \$40 for F 0. Dues are to be paid anr			and \$25 for Alternates	s. FPPC#742176 and	
ActBlue membe	er dues payment link: <u>http</u>	s://secure.actblue.com/d	onate/sbcdpdues			
Contributions to information is re	this committee are not co equired by law.	onsidered charitable cont	ributions for income t	ax purposes. Occupation	on and Employer	
Payment method: ActBlue: C			Check:	Check:		
Payment amount:			Payment date:			
Occupation:			Employer:			
	v, I authorize the San Be	rnardino County Demo		) to contact me by SM	IS 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 sbdemocrat@gmail.com.

SIGNATURE:

DATE: