



VCDCC MEMBER FORM 2020

This form is to be completed by Elected, Ex-Officio, and Associate delegate members. Return completed form to vcdcc.controller@gmail.com or VCDCC.Secretary@Gmail.com, PO Box 1587, Camarillo, CA 93011. Please print.

Date: _____

Name (print): _____

Applicant Signature: _____

Registration Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Districts:
Congressional: _____ State Senate: _____ State Assembly: _____ Supervisory: _____

Email Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Occupation: _____ Employer: _____

Skills: _____

Organizational Affiliations: _____

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Member Type and Dues Amount (circle one):

Club President - \$0
Ex-Officio or Elected Official - \$25
Elected by Supervisory District - \$25
AD or DSCC Delegate - \$25

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VCDCC Use:
DOB _____

Verified Democrat? Yes / No

Dues Paid Date Amount Method of Payment Treasurer