



NAME: _____

DATE OF BIRTH: _____

STREET: _____

CITY: _____

COUNTY: _____

CELL: _____

E-MAIL: _____

VOTING DEMOCRATIC MEMBERS:

I hereby certify that I am a registered Democrat, and will respect all by-laws as set forth at the Democratic Hispanic Caucus of Florida. I have paid my membership of \$20.00 to my Local Chapter to become a voting member.

Signature: _____ Date: _____

Instructions to Send payment to Democratic Hispanic Caucus of Florida (DHCF) of all active members:

ANNUAL DUES are payable to: Treasure Coast Chapter of the Democratic Hispanic Caucus of Florida.

CHECKS SHOULD BE MAILED TO: Patricia Garcia King, President, at 10124 Crosby Pl., Port St. Lucie, FL 34986.

DONATION & CONTRIBUTIONS may also be sent to the caucus president.

Please include this form along with your check, we will forward your dues to the state as required.

CAUCUS FOCUS ACTIVITIES

PLEASE SELECT AN AREA OF INTEREST (check all that applies):

- 1) CANVASSING: yes _____ or no _____
- 2) MEMBERSHIP: yes _____ or no _____
- 3) PHONE BANKING: yes _____ or no _____
- 4) TEXT BANKING: yes _____ or no _____
- 5) EDUCATION & TUTORING LATINOS*: yes _____ or no _____
- 6) HELPING APPLICANTS FOR CITIZENSHIP: yes _____ or no _____
- 7) WEBSITE MANAGEMENT: yes _____ or no _____

*MUST BE A LICENSED TEACHER (education degree is mandatory)

Thank you for joining our team!