



MEMBERSHIP FORM

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

- I wish to join Stonewall Democrats of Summit County as a regular member for \$30
- I wish to join Stonewall Democrats of Summit County as a student or senior member for \$15
- I wish to make a donation to the Stonewall Democrats of Summit County for \$_____

Please make checks payable to Stonewall Democrats of Summit County

Please complete the above and send with your check to

**Stonewall Democrats of Summit County
P.O. Box 2345
Akron, OH 44309**