



Membership Form

Dues are \$5 per person, per calendar year

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

*E-mail: _____

Other Members in Household Who Wish to Become Members

Name: _____

*E-mail: _____

Name: _____

*E-mail: _____

Name: _____

*E-mail: _____

**Please provide us with your e-mail address; it is the easiest and fastest way to get information to you.*

Enclosed, please find \$_____ to cover ____ memberships and \$_____ to help support the work of the Sixth Ward Democratic Organization.

Make your check or money order payable to "Sixth Ward Democratic Organization" and mail to: Sixth Ward Democratic Organization, P.O. Box 771400, St. Louis, MO 63177

Thanks! *You will receive a confirmation and membership card within 30 days.*