DC Latino Political Action Committee
Membership Form

Contact Information

Name: _____ _____ _____
First Middle Last

Occupation: _____

Home Address: _____

_____Ward: _____

Home Phone _____ Work Phone _____

Mobile Phone _____ Fax Number _____

*All information about the DC Latino PAC will be sent to the primary e-mail address below

Primary Email* _____
Indicate ☐ Work ☐ Home

Alternative E-Mail _____
Indicate ☐ Work ☐ Home

Employer Information (Please provide employer name and address below)

_____

_____

The following helps the DC Latino PAC better serve its members. Please check appropriately

I am ❑Latino/a ❑African American ❑White ❑Asian/Pacific Islands ❑Other: _____

My age group is: ❑17 and under ❑18-25 ❑26-35 ❑36-45 ❑45-64 ❑65 or older

DOB: _____ mm/dd/yy I vote in: ❑DC ❑MD ❑VA ❑Other: _____

Areas of Interest to volunteer for the PAC

____Fund raising/Social Events ____Outreach/Education Others, please specify: _____

Membership Type	Amount
General Membership $35.00 per year	$_____
Special Membership $10.00 per year (for senior citizens, full time students, or limited-income members)	$_____
Voluntary donation to the PAC (not to exceed $5,000.00 a year per individual or organization)	$_____
Total	**$**_____

Signature _____ Today's Date _____

Please mail your Check or money order ~ payable to **DC Latino PAC** to:

DC Latino PAC
PO BOX 7341
Washington, D.C. 20044