



DATE: \_\_\_\_\_

**MEMBERSHIP:** Members must be registered voters in the State of Washington, and agree to uphold the principles of the party platform. Memberships are for one year from the date payment is received.

- Individual Membership.....\$25.00
- Dual Membership (Husband and Wife) .....\$35.00

**CONTACT INFORMATION**

*Please Print*

Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Congressional District \_\_\_\_\_ Legislative District \_\_\_\_\_ Precinct \_\_\_\_\_

\*Occupation: \_\_\_\_\_

\*Employer/Retired: \_\_\_\_\_

*\*required by state law when contributions exceed \$100.00 per year*

**OTHER CONTRIBUTION:**

General Expenses – Amount \_\_\_\_\_

National Assessment – Amount \_\_\_\_\_

**THE EVERGREEN PATRIOTS CLUB:** The Evergreen Patriots Club is a way for you to contribute on a regular basis and help us expand our reach. Please note here the amount you would like to donate each month:

**VOLUNTEER:**  Please let me know how I can volunteer in my area!

**TOTAL ENCLOSED:** \_\_\_\_\_

Please make checks out to: ***Constitution Party of Washington***

Please mail to: **Constitution Party of Washington  
PO Box 141015  
Spokane Valley, Washington 99214**

Donate or join online at: **www.constitutionpartyofwa.com**, click on the **DONATE-JOIN** link.

For more information:

Email – **contactus@constitutionpartyofwa.com**  
Telephone – **1-360-339-4767**

<b>For Office Use only</b>	
Received:	_____
Deposited:	_____
Mailed:	_____
Cash _____ Online _____	
Check #	_____