



Membership Application
**The Democratic Club
of the Santa Clarita Valley**
31945 Emerald Lane, Castaic, CA 91384-3102

Name: _____ **Today's Date:** _____

Home Phone: _____ **Mobile:** _____

E-mail: _____

Mailing Address: _____

City: _____ **Zip Code:** _____

Profession(s): _____

Employer: _____ **Work Phone:** _____

Areas of Interest: _____

~~Fee~~ **Fee waiver for Seniors and/or full time Students (check).**

I request membership in the Democratic Club of the Santa Clarita Valley and do hereby affirm my intention to uphold and support Democratic values and principals.

Signature: _____