

# MEMBERSHIP FORM



Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

<b>Would you like to volunteer?</b>	
During which hours are you available for volunteer assignments?	
Can you pass out pocket flyers?                      Be a watchdog for conservative values?	
<input type="checkbox"/> Weekday mornings	<input type="checkbox"/> Weekend mornings
<input type="checkbox"/> Weekday afternoons	<input type="checkbox"/> Weekend afternoons
<input type="checkbox"/> Weekday evenings	<input type="checkbox"/> Weekend evenings

<b>Interests</b>	
Tell us in which areas you are interested in volunteering	
<input type="checkbox"/> Donation	Amount _____
<input type="checkbox"/> Administration	
<input type="checkbox"/> Events	
<input type="checkbox"/> Field work	
<input type="checkbox"/> Fundraising	
<input type="checkbox"/> Elections	
<input type="checkbox"/> Phone bank	
<input type="checkbox"/> Newsletter production/Newsletter distribution	_____
<input type="checkbox"/> Volunteer coordination	

<b>Special Skills or Qualifications</b>
Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.