



Date Paid	_____		
Amount	_____		
Check	<input type="checkbox"/>	Cash	<input type="checkbox"/>

**San Pedro Democratic Club
Membership Form**

\$15 Single / \$25 Household (up to 3 members, same physical address)

Mailing Address:

San Pedro Democratic Club
1840 S. Gaffey Street, #312
San Pedro, CA 90731
916-837-0920

Pay by credit card on our website: <https://ksm570.wixsite.com/spdemoclub/join-the-club>

Make checks out to: *San Pedro Democratic Club*

Name: _____

Phone: _____ (home/wk/cell) Email: _____

Address: _____

City: _____ Zip: _____

Assembly District: _____ Congressional District: _____ Senate District: _____

Name 2: _____

Phone: _____ (home/wk/cell) Email: _____

Name 3: _____

Phone: _____ (home/wk/cell) Email: _____