

PRINT FORM, COMPLETE AND RETURN
Schaumburg Area Democratic Organization

PO Box 957752
Hoffman Estates IL 60195-7752
847-843-0744
www.schdem.org

Membership Form

New Membership

Renewal Membership

Name: _____

Address _____

City St Zip _____

Home Phone _____

Work Phone _____

Cell Phone _____

Email Address _____

Precinct # _____

Occupation _____

Date of Birth (OPTIONAL) _____

Would you like to: (Please check those that apply)

Be an Election Judge Be a Precinct Captain Work on Election Day

Work on a Committee Do Anything to Help

My areas of experience and expertise are: _____

Make check in the amount of \$15.00 payable to Schaumburg Area Democratic Organization