



Member Information Form

(To be completed by all members and alternates)
(please print)

Name: _____

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

Address where registered to vote: _____

City: _____

ZIP: _____

Mailing address (if different from above): _____

City: _____

ZIP: _____

Phone:

Work: () ____ - ____

Home: () ____ - ____

Cell: () ____ - ____

E-Mail Address: _____@_____

Please help the SBCDCC comply with campaign finance reporting laws by furnishing the following information:

Occupation: _____ Employer: _____

Employer's address: _____

Dues in the amount of \$ _____ were paid on _____.

I specifically would like U.S Mail rather than email to my mailing address. I fully understand and accept that this is NOT the preferred method of communication and may result in untimely notifications.

Signature

Date