



MEMBERSHIP APPLICATION

SOUTH ORANGE COUNTY YOUNG DEMOCRATS

PERSONAL INFORMATION

FULL NAME

DATE

EMAIL ADDRESS

PHONE NUMBER

CITY / ZIP CODE

AGE

SCHOOL / EMPLOYER

HOW DID YOU HEAR ABOUT US?

- | | | |
|--|--|---|
| ☐ Social Media | ☐ Friend / Family | ☐ School / College |
| ☐ Community Event | ☐ Campaign / Canvassing | ☐ Other: _____ |

AREAS OF INTEREST (check all that apply)

- | | |
|---|---|
| ☐ Voter Registration | ☐ Campaign Volunteering |
| ☐ Community Outreach | ☐ Policy & Issues |
| ☐ Social Events & Networking | ☐ Leadership Development |
| ☐ Fundraising | ☐ Other: _____ |

COMMENTS / QUESTIONS