



Arkansas Democratic Black Caucus Membership Form

Date: _____

First Name: _____ Last Name: _____

Street Address: _____

City: _____ County: _____ State: __ Zip Code: _____

Email Address: _____

Website Address: _____

Phone:

Cellphone: () _____ - _____ Home: () _____ - _____ Work () _____ - _____

MEMBERSHIP TYPE:

LIFETIME - \$150.00

Premium membership that entitles you to be a lifetime member of the Arkansas Democratic Black Caucus. With no additional annual dues.

GENERAL MEMBERSHIP - \$25.00

General membership dues are paid annually. The \$25.00 General membership is due each January. Covers a period of January thru December of each calendar year.

Are you an Arkansas registered voter? Yes No County _____

Please indicate above, which membership you are supporting the Arkansas Democratic Black Caucus with along with your check/money order to:

Arkansas Democratic Black Caucus
P.O. Box 55831
Little Rock, AR 72215

For office use only:

Date received: _____ Payment type: _____ Amount: _____