



Palm Coast Democratic Club

P.O. Box 351752

Palm Coast, FL 32135-1752

PCDC Membership Application Form

Check: I am a Registered Democrat & a Resident of Flagler County _____

I want to Join or Renew the PCDC Membership _____

(Please Print Clearly)

Date: _____

Name: _____

Street: _____

City: _____ Zip Code: _____

Telephone: (Home) _____ (Cell) _____

Email Address: _____

Profession/Retired: _____

Birthday: Month: _____ Day: _____ (So we celebrate your birthday!)

Annual Membership Dues (per person, per year): (Make Check payable to PCDC)

Membership Level Selection: New Member _____ or Renewal _____

Cost: \$36 _____

I want to become a “**Friend of the PCDC**” and **Donate to the Palm Coast Democratic Club!**

Questions? Email us at pcdcclub@gmail.com or visit our website at: www.mypcdc.com