

Membership for Application and Renewal Form

Biographical Information:				
Name: First	M.I	Last		
Address*:				
City:				
Home Phone: ()				
Email*:				
Preferred Choice of Receiving Membership Renewa		Emai	l or	Postal Mail
Current Occupation/Job Title:	Employer: _			
If partnered, Partner's Name:				
Affirmation: I affirm that I am at least 18 years of age a Election and/or subscribe to the purposes described below.	s of Stonewall De	emocrats	of San A	Antonio as
Signature:	Date:			*
Membership (Please make check payable to SDSA,	PO Box 12814, S	an Anton	io, TX 78	212):
\square Please find my annual membership dues in the amount of \$35.			For	SDSA Use:
\square Please renew my membership for 3 years in the amount of \$105 .			Paid:	
☐ Please update my record.			Date:	
Additional Contribution: I value the work of SDSA is doing to educate on our issues, providing voter education and turnout in our community. Please accept m \$1000 \$500 \$250 \$10	d increasing voter	registrat ribution o	ion and v f:	nolders roter

SASA is a general purpose political committee or PAC. Contributions and dues payments are **NOT** deductible as charitable contributions for federal income tax purposes.

Purposes of SDSA: To learn more, visit www.stonewallsanantonio.org

- Educate Democratic candidates and officeholders on issues of importance to the lesbian, gay, bisexual and transgender (LGBT) community;
- Foster the ideas of the Democratic Party through voter education in the LGBT community;
- Encourage LGBT participation in all levels of the Democratic Party; and
- Screen, endorse and support the election of fair-minded Democratic candidates to public office.

