



Iranian-American Democrats
 C/O Democratic Party of Orange County
 200 North Main Street , Mezzanine
 Santa Ana, Ca 92701
 WWW.iadoc.org

MEMBERSHIP APPLICATION

Member Information:			IAD Use Only	Member No.:								
<input type="checkbox"/> Mr. <input type="checkbox"/> Miss. <input type="checkbox"/> Mrs.	Last Name:	First Name:		Middle Name								
Mailing Address (Street):												
City:		State:	Zip Code:									
Home Phone:	Work Phone:	Cell Phone:	Fax:									
E-mail Address:		Occupation:										
<p>As an IAD member, you can also elect to actively participate in one or more IAD Committees. If interested, please mark the appropriate area(s) of interest:</p> <table border="0"> <tr> <td><input type="checkbox"/> Membership</td> <td><input type="checkbox"/> Voter Registration</td> </tr> <tr> <td><input type="checkbox"/> Fund Raising</td> <td><input type="checkbox"/> Public Relations/Outreach</td> </tr> <tr> <td><input type="checkbox"/> Nominating</td> <td><input type="checkbox"/> Legislative/Campaign Support</td> </tr> <tr> <td><input type="checkbox"/> Finance</td> <td><input type="checkbox"/> Cultural</td> </tr> </table>					<input type="checkbox"/> Membership	<input type="checkbox"/> Voter Registration	<input type="checkbox"/> Fund Raising	<input type="checkbox"/> Public Relations/Outreach	<input type="checkbox"/> Nominating	<input type="checkbox"/> Legislative/Campaign Support	<input type="checkbox"/> Finance	<input type="checkbox"/> Cultural
<input type="checkbox"/> Membership	<input type="checkbox"/> Voter Registration											
<input type="checkbox"/> Fund Raising	<input type="checkbox"/> Public Relations/Outreach											
<input type="checkbox"/> Nominating	<input type="checkbox"/> Legislative/Campaign Support											
<input type="checkbox"/> Finance	<input type="checkbox"/> Cultural											
Type of Membership Requested:												
<input type="checkbox"/> Individual\$25		<input type="checkbox"/> Student \$10										
<input type="checkbox"/> Senior Citizen (65 & older).....\$15		<input type="checkbox"/> Associate (Non-Citizen)..... \$15										
<input type="checkbox"/> Add Spouse\$15												
<input type="checkbox"/> Additional Member's Contribution or Individual's Donation () \$100 () \$250 () \$500 () \$1,000 () Other \$ _____												
Total Membership Fee(s) + Donation = \$ _____												
Member's Spouse Information (if spouse membership is requested):												
Last Name:		First Name:		Middle Name								
Occupation:			E-mail Address:									
Method of Payment:												
<input type="checkbox"/> Check (Please make check payable to IAD)		Check No.: _____										
<input type="checkbox"/> Cash (Please do not mail cash)												
Member's Signature			Date:									

Mail this form together with your payment to:

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