

Libertarian Party Membership/Interest Form

Title: Mr. Mrs. Ms. Dr.

Name: _____

Greeting: _____

Voter Registration Address

Mailing Address (if different)

Addr1: _____

Addr1: _____

Addr2: _____

Addr2: _____

CSZ: _____

CSZ: _____

County: _____

Home Phone: _____

Other Phone: _____

Work Phone: _____

E-mail: _____

On which phone do you prefer to be contacted (home/work/other/day/eve.): _____

(Please indicate times that are good to reach you at each number and how late is too late to call.)

Please inform me of upcoming events and activities by the following method(s)

e-mail postal mail phone Instructions: _____

I would like to display these for the party or Libertarian candidates bumper sticker(s) yard sign(s)

I would like to volunteer for the Libertarian Party. I can help with:

Outreach events (fairs, shows)

Envelope stuffing/mailer preparation

Computer design (e.g. web/database)

Desktop publishing/graphic design

Campaigns

Media relations

Telephoning

Legislative research/monitoring (federal, state or local)

Petition/registration drive

Policy development

Public speaking

Political event planning

Write and call legislators when asked

Door-to-door outreach

Other: _____

I am interested in becoming a candidate for public office.

I am interested in the following political issues _____

How did you hear about the Libertarian Party? _____

Become a member or contribute to the Libertarian Party! You will be supporting your county organization, as well as the state party. When you make a credit card pledge of at least \$10/month, you will receive membership and automatic renewal. Please check all that apply.

Yes, I will join the Libertarian Party!

Maryland only Membership \$ 20

Additional general contribution (thanks!) \$ _____

Total membership/general contribution: \$ _____

I want to join or extend my membership with a monthly credit card pledge of: \$ _____

Payment method: _____

Check (payable to Libertarian Party of Maryland)

Credit (circle one) Visa MasterCard Discover

Card # _____

Signature _____ exp: _____

I want to make an administrative contribution not subject to the \$4,000/election cycle contribution limit for the following project(s):

Ballot access \$ _____

\$ _____

Any Total administrative contribution: \$ _____

Must use a SEPARATE CHECK -- put Admin. Contrib. and the project name (Ballot access, any) in the memo -- sorry no credit cards yet.

Federal law requires political committees to report the name, mailing address, occupation and employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Political contributions are NOT tax deductible.

Occupation: _____ Employer: _____

This form can be mailed to: **Libertarian Party of Maryland · PO Box 176 · Abingdon, MD · 21009-0176**

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