



MEMBERSHIP APPLICATION

NAME: _____

ADDRESS: _____

BOROUGH/TOWN: _____ **STATE:** _____

ZIP CODE: _____ Assembly Dist. _____ Election Dist. _____ Congressional Dist. _____
(please enter the above information if available)

TELEPHONE: Home # () _____ Work # () _____

LANGUAGE SKILLS: _____

OTHER SKILLS: _____

OCCUPATION: _____

WHEN ARE YOU AVAILABLE ? (check applicable boxes) Weekends Weeknights Weekdays

POLITICAL PARTY REGISTRATION ? (check one) Not enrolled in any Party.
 Republican Democrat Conservative Liberal Independent Right to Life Freedom

INDICATE YOUR INTEREST IN THE FOLLOWING VOLUNTEER ACTIVITIES:

- Carry nominating Petitions: YES NO
- Voter Registration: YES NO
- Fund Raising: YES NO
- Literature Distribution: YES NO
- Phone Banking: YES NO
- Election Day Activities: YES NO

ARE YOU CURRENTLY A:

- Notary Public (State of NY): YES
- Commissioner of Deeds (City of NY) YES

*****ANNUAL DUES ARE \$25.00 PER YEAR - PLEASE MAKE CHECKS PAYABLE TO "N.E.D."