

APPLICATION FOR MEMBERSHIP for the Calendar Year 2026

Complete this form and *mail, fax or e-mail* to the WDC (see right)

Make checks payable to the "Wayne Democratic Club"

Other payment options: *ActBlue, Venmo or PayPal* (see below)

(Completed forms with check or currency may be given to any Club Officer.)



WAYNE
DEMOCRATIC
CLUB

"Get in the game!"

TO CONTACT US:

P.O. Box 4492, Wayne, NJ 07474

VOICE/TEXT: 973-650-8839

FAX: 973-595-7785

WayneDemClub@gmail.com

ANNUAL MEMBERSHIP DUES

Adult \$ 40 (New member \$20)
Student/Senior \$ 20 (New member \$10)

Your Personal Information :

NAME 1: _____

BIRTHDATE : _____

NAME 2: _____

BIRTHDATE : _____

ADDRESS : _____

E-MAIL 1* : _____

E-MAIL 2 * : _____

* E-mail address(es) and the following telephone numbers will only be used by the club officers for Club and Democratic Party purposes and will not be provided to any other organizations or individuals.

Your Telephone Numbers :

HOME : _____ MOBILE 1: _____ MOBILE 2: _____

Membership Dues :

AMOUNT OF DUES : \$ _____

Method of Payment (check one) :

ACTBLUE : CASH :

AMOUNT OF DONATION : \$ _____

VENMO : CHECK :

TOTAL AMOUNT SUBMITTED : \$ _____

PAYPAL : CREDIT CARD :

Pay Online :

[CLICK HERE FOR ACTBLUE](#)

[CLICK HERE FOR VENMO](#)

[CLICK HERE FOR PAYPAL](#)

(WAYNENJDEMSCLUB after log in)

Photo Release:

I agree to allow the Club to use my photo for publicity reasons, including but not limited to social media, brochures, newspaper and magazine stories or advertisements.

CHECK TO
ACCEPT :

I certify that the above-named applicant(s) reside(s) at the above stated address; that the applicant(s) is/are registered to vote in the primary election of the Democratic Party; and that no applicant is a member of any club or organization of any other political party.

APPLICANT 1's SIGNATURE: _____

DATE : _____

APPLICANT 2's SIGNATURE: _____

DATE : _____

DATE RECEIVED : _____

WARD : _____

DISTRICT : _____