

## Democratic Party of Hawai'i Enrollment Form



Last Name:	First Name	<u>ə</u> :	M. I.	Preffered	:		
Gender:	○ Male Date o	of Birth:	C	New Member	O Update Record		
Home Address: Street:		Apt #	City:		HI Zip Code:		
Mailing Address: Street:		Apt#	City:		HI Zip Code:		
Home Phone:	Work Ph	none:		Cell Phone:			
E-mail Address:	Please e-mail us at admin@hawaiidemocrats.org						
Volunteer: I'm interested in sharing my time and efforts with the party (Mark all that apply)							
○ Canvassing	<ul> <li>Helping at the office</li> </ul>		○ Sign Waving		arching in parades		
○ Phone Banking	C Letter Writing		○ Staging events ○ Other				
Find Your 'Ohana: I'm interested in receiving information from the following group(s) (Mark all that apply)							
○ The GLBT Caucus ○ The Hawaiian Affairs Caucu		ffairs Caucus	ne Kupuna Cau	cus $\bigcirc$ Th	ne Green Caucus		
	us						
	Democratic Party of Hawai'i ca . Please make checks out to t						
	Click Here To	Donate To the Dem	ocratic Party of	<sup>-</sup> Hawai'i			
	In order to complete	this form you must <b>p</b>	<b>rint</b> it out, <b>sign</b>	it and <b>mail</b> it to:			
Democratic Party of Hawai'i 1050 Ala Moana Blvd., Suite D-2150 Honolulu, HI 96814							
Lam currently register	ed to vote in the State of Haw	vai'i (If you have not	ragistared or h	avo not votod in cit	har of the last two general		

I am currently registered to vote in the State of Hawai'i. (If you have not registered, or have not voted in either of the last two general elections, changed you name, or have moved since last registering, please also complete a Voter Registration Affidavit (Wiki Wiki Registration) and return it to your City/County Clerk.) By signing this form, I agree to adhere to the principles of the Democratic Party of Hawai'i and support its general laws. I understand the information given above may be used by the Party and its members for Party-related contact and informational purposes

Signature:		Date:	
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