

THE TRUMP CLUB OF ST. JOHNS COUNTY MEMBERSHIP APPLICATION

DATE:

St. Johns County	SINGLE (\$40)	COUPLE (\$65)	FAMILY (\$80)
St. John's County	Couple & F	Family Memberships mus	t live at same address
Member:		Phone:	
Address:			
City/ST/Zip:	District/Precinct # (if known):		
Email:			
Spouse:		Phone:	
Email:			
Family Member:		Phone:	
Email:			
	Phone:		
Email:			
How did you hear about the Trump Cl	ub?		
What areas are you interested in help	ing the Trump Club?	What COMMITTEES woul	d you like to serve?
Advertising, publicity, graphics, s	publicity, graphics, signage		ership
Event assistance or guest speake	r acquisition	uisition	
Making telephone calls or canvas	ssing door-to-door during election	door-to-door during election	
Contributing or securing door pri	zes &/or sponsorships	Action	
Other		Social N	/ledia/Website
By signing below, I accept and agree to the of SJC reserves the right to refuse or camembership dues will be refunded. Not permission from the Trump Club SJC Boatemail us for a copy. Use of the Trump Club of Directors.	ncel any membership if deemed ne o Recording Devices are to be used ord of Directors. If you posed for our	cessary for the good of the c at Trump Club Meetings wi staff photographers and prov	organization. In such case, thout the express written vided your name, you may
Applicant #1 Signature:	Applicant #2	Signature	
	t Cards. Make Checks Payable to <u>Trum</u> lt; \$65 Married Couple; \$80 Family (Par		
INTERNAL NOTATIONS ONLY BELC	NW: Treasurer to complete paym	ent information and provid	le receipt to validate.
Name	Dues Paid \$	Donation Amt \$	Date Paid