



# THE TRUMP CLUB OF ST. JOHNS COUNTY MEMBERSHIP APPLICATION

DATE: \_\_\_\_\_

☐ **SINGLE (\$40)**   ☐ **COUPLE (\$65)**   ☐ **FAMILY (\$80)**

*Couple & Family Memberships must live at same address*

**Member:** \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/ST/Zip: \_\_\_\_\_ District/Precinct # (if known): \_\_\_\_\_

Email: \_\_\_\_\_

**Spouse:** \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Family Member:** \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Family Member:** \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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How did you hear about the Trump Club? \_\_\_\_\_

What areas are you interested in helping the Trump Club?

- ☐ Advertising, publicity, graphics, signage
- ☐ Event assistance or guest speaker acquisition
- ☐ Making telephone calls or canvassing door-to-door during election
- ☐ Contributing or securing door prizes &/or sponsorships
- ☐ Other \_\_\_\_\_

What **COMMITTEES** would you like to serve?

- ☐ Membership
- ☐ Events
- ☐ Outreach
- ☐ Action
- ☐ Social Media/Website

By signing below, I accept and agree to the terms of attendance as stated and request to receive email correspondence: Trump Club of SJC reserves the right to refuse or cancel any membership if deemed necessary for the good of the organization. In such case, membership dues will be refunded. No Recording Devices are to be used at Trump Club Meetings without the express written permission from the Trump Club SJC Board of Directors. If you posed for our staff photographers and provided your name, you may email us for a copy. Use of the Trump Club of SJC name and logo are expressly prohibited except as approved in writing by its Board of Directors.

Applicant #1 Signature: \_\_\_\_\_ Applicant #2 Signature \_\_\_\_\_

**We Accept Cash, Checks & Credit Cards. Make Checks Payable to Trump Club of SJC. Dues Valid to 12/31, not prorated.**  
**ANNUAL DUES: \$40 Single Adult; \$65 Married Couple; \$80 Family (Parents/Children Age 18+); \$0 Child Under Age 18**

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INTERNAL NOTATIONS ONLY BELOW: *Treasurer to complete payment information and provide receipt to validate.*

Name \_\_\_\_\_ Dues Paid \$ \_\_\_\_\_ Donation Amt \$ \_\_\_\_\_ Date Paid \_\_\_\_\_

Trump Club of St. Johns County 2800 N. 6th Street, Suite 1, PMB 248, St. Augustine, FL 32084

**Website:** [www.TrumpClubSJC.com](http://www.TrumpClubSJC.com)

**Email:** [Membership@TrumpClubSJC.com](mailto:Membership@TrumpClubSJC.com)