



**DEMOCRATIC HISPANIC CAUCUS OF FLORIDA**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

COUNTY: \_\_\_\_\_

CELL: \_\_\_\_\_ OTHER# \_\_\_\_\_

E-MAIL: \_\_\_\_\_

I hereby certify that I am a registered Democrat, and will respect all by-laws as set forth by the Democratic Hispanic Caucus of Florida.

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

Annual Dues : \$20.00

Payment Method:

CASH

CHECK

PAYPAL

PAYABLE TO:

**DEMOCRATIC HISPANIC CAUCUS OF FLORIDA**

MAIL TO:

DEMOCRATIC HISPANIC CAUCUS OF FLORIDA

P.O. BOX 57834

JACKSONVILLE, FL 32241-7834

OR

SCAN AND EMAIL SIGNED APPLICATION TO:

DHCF@fldemhc.org