

**Rhinebeck Democrats Club
Membership Application**

2025 - 2026



Application Type

Individual..... ☐

Annual fee \$20.00*

Family..... ☐

Annual fee \$25.00*

First Name_____

Last Name_____

Address_____

Party_____

Email Address_____

If Family Application, please add members in addition to the person listed directly above.

First Name_____

Last Name_____

Party_____

Email Address_____

First Name_____

Last Name_____

Party_____

Email Address_____

First Name_____

Last Name_____

Party_____

Email Address_____

***Please mail completed copy to Rhinebeck Democrats Club PO Box 637
Rhinebeck, New York 12572.**

Please enclose a check made out to Rhinebeck Democrats Club.

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Membership Application**

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If Family Application, continued

First Name _____

Last Name _____

Party _____

Email Address _____

First Name _____

Last Name _____

Party _____

Email Address _____

First Name _____

Last Name _____

Party _____

Email Address _____

First Name _____

Last Name _____

Party _____

Email Address _____

First Name _____

Last Name _____

Party _____

Email Address _____

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