



**African American Caucus of the Wake County Democratic Party
(AAC-WCDP)**

www.aacwakecountyp.com
aacwakecounty@gmail.com

P.O. Box 685
Raleigh, NC 27602

You must be a registered Democrat to apply for membership, please print _____ Date _____

Name* _____ Female _____ Male _____

Address* _____

City* _____ State* _____ Zip* _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____

Occupation* _____

if retired, print retired

Employer* _____

if retired, print and list former employer

US Congressional District _____

Precinct _____ NC House District _____ NC Senate District _____

1. Membership/Type of Payment _____ New Member _____ Renewal _____ Check _____ Cash _____

2. Membership Level _____ Basic (\$35.00) College Student (\$17.50) _____

Make check payable to African American Caucus, Mail to AAC-WCDP, P.O. Box 685, Raleigh, NC 27602

3. Are you an elected official, Democratic Party or AAC Officer? _____ Yes _____ No

if yes, what position do you hold? _____

(NDCP, WCDP, President Officer, City Council member, County Commissioner, NC Legislator, Judge)

4. What are your areas of interest?

- | | | |
|----------------------------|----------------------------------|------------------------------|
| _____ Membership Committee | _____ Public Relations Committee | _____ Annual Signature Event |
| _____ Program Committee | _____ Fundraising Committee | _____ Hospitality/Hostesses |
| _____ Education Committee | _____ By-Laws Committee | _____ Grievance Committee |
| _____ Finance Committee | _____ Nominating Committee | _____ Other: _____ |

Thank you for joining African American Caucus

***Items marked with an asterisk are required by the state law, Please provide all information to help us serve you and our party.**