



www.ocdp.org



91 N. Saginaw St., Suite G-100
Pontiac, MI 48342
(248) 584-0510
info@ocdp.org

Join the Party Today!

Help Elect Democrats Throughout Oakland County

Membership	Cost	Monthly	Benefits:
Basic	\$30		Subscription to the OCDP e-Newsletter; invitations to Party events and Meetings
Family	\$60		Subscription to the OCDP e-Newsletter; invitations to Party events and Meetings
Supporting	\$100	\$8	Plus name listed in Phil Hart Dinner Program Book
Hundred Club	\$120	\$100	PLUS membership in the Michigan Democratic Party, if not already a member, and one admission to the Hundred Club Reception preceding the Phil Hart Dinner.
Commissioners Club	\$300	\$25	PLUS one ticket to the Phil Hart Dinner
Representatives Club	\$600	\$50	PLUS additional ticket to Hundred Club Reception and Phil Hart Dinner (two total)
Senators Club	\$1,200	\$100	PLUS Priority seating at the Phil Hart Dinner
Chairs Club	\$2500	\$208	PLUS an additional two admissions to the Hundred Club Reception and Phil Hart Dinner (four total); and a half page ad in the Phil Hart Dinner program book.

OCDP Oakland County Democratic Party Membership

Membership	Annual	Monthly	<input type="checkbox"/> Basic \$30 <input type="checkbox"/> Family \$ 60 <input type="checkbox"/> Supporting \$100 or <input type="checkbox"/> \$8 monthly
Hundred Club:	<input type="checkbox"/> \$120	<input type="checkbox"/> \$10	Monthly donations are available with credit card payment only. Please specify payment type: <input type="checkbox"/> Check <input type="checkbox"/> Charge(MasterCard/Visa/Discover, fill out below) Total Amount enclosed/charged: \$_____
Commissioners Club:	<input type="checkbox"/> \$300	<input type="checkbox"/> \$25	
Representative Club:	<input type="checkbox"/> \$600	<input type="checkbox"/> \$50	
Senators' Club:	<input type="checkbox"/> \$1200	<input type="checkbox"/> \$100	
Chairs Club:	<input type="checkbox"/> \$2500	<input type="checkbox"/> \$208	

Name: _____ Phone: (____)-____-_____ Email: _____ Address: _____ City: _____ State: _____ Zip: _____	If given more than \$200 this year, federal law requires we report: Occupation: _____ Employer: _____
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Charge Amt: \$_____ ☐ one time Card Number: _____-_____-_____-_____
☐ Per month Exp. MO/YR: _____-_____-_____ Code: _____

Signature: _____