

**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.

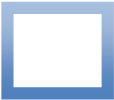
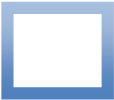
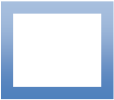
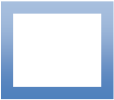
Signature: DATE:

Annual Dues: $20.00 - Payable to **VCC-DHCF**

Method:

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|  |

CASH CHECK PAYPAL



MAIL TO:

VCC-DHCF

P.O. BOX 5603

DELTONA, FL. 32728

OR

SCAN AND EMAIL SIGNED APPLICATION TO:

VCCDHC@gmail.com

Revised Jan. 16, 2015