**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:

|  |
| --- |
|   |

 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