

Information Request Form, Membership Application:

Please just send me an information packet
 I would like to support or join the Libertarian Party

Name: _____

Address: _____

Address: _____

City, State, Zip: _____

Phone/ Home: _____ Work: _____

Email: _____

I want to join the Libertarian Party as a National, California and Orange County member. To publicly affirm what we believe -- and to ensure that our party never strays from our principles -- we ask our members to proudly sign this statement:

I hereby certify that I do not believe in or advocate the initiation of force as a means of achieving social or political goals.

Signature: _____ Date: _____

(Non-Signers may not vote on party business.)



Libertarian Party of Orange County

P.O. Box 27871
Santa Ana, CA 92799-7871
714-540-5053, 949-955-5062
www.lpoc.org

Annual Membership: _____ \$25

Additional donation: _____

Total: _____

___ Cash, ___ Check, ___ Visa,
___ Mastercard

Card # _____

Expiration date: _____

Name on Card: _____

Signature: _____

Personal	Economic
----------	----------