



Membership Form

1. Contact Information

Name:					
Address:					
City:		State:	AL	Zip:	
County:					
Phone					
Email:					

2. Acknowledgement (you must check and acknowledge all)

- I am a citizen of Alabama
- I am at least 18 years old.
- I pledge to support the Constitution of the United States

3. Membership Type

- Associate Member ----- \$5.00
- Active Member ----- \$10.00
- Life Member ----- \$200.00

Additional Donation: _____
 Enclosed is the amount of: _____

Make checks payable to: Alabama Constitution Party

4. Sign, Date, and Mail

Signature: _____ Date: _____

Mail this completed form along with your payment to:

Alabama Constitution Party
 Membership Committee
 P.O. Box 241505
 Montgomery AL 36124

If you prefer to make your payment electronically please visit our web site at <http://www.cpalabama.org/>