

Today's Date: _____
 Name: _____
 Street address: _____

 City: _____
 State: _____ Zip code: _____ - _____
 County: _____
 E-mail: _____
 Contact phone number: _____ - _____ - _____ Type: _____
 Date of Birth: (month) _____ (day) _____ (year) _____



Do you belong to any other political groups? _____
 If "Yes" than please list them and their web sites (if known):

Are you a union member? _____ If "Yes" than please name:

Are there any special issues or concerns that you would like to focus on:

Check off the category of membership under which you are applying:
 Regular () \$45.00 Family () \$80.00 Student () \$20.00 International () \$10.00
 Low income () \$20.00 Sustainer () \$10.00 monthly or \$120.00 annually

Statement of agreement with principles

Desiring to bring about, by democratic means, a social democratic society where all members of society are valued and where all exploitation has been eliminated, I hereby apply for membership in the Social Democrats, USA. I agree to abide by its principles. I am not a member of any totalitarian party or tendency.

Checking this box constitutes a signature.

Please make checks payable to: Social Democrats USA
 And mail to:
 Sheldon Ranz, 1745 E 12th St. Apt 5K, Brooklyn, NY 11229