Democratic Party of Hawai‘i
Membership Enrollment Form

PLEASE PRINT CLEARLY

Last Name: ____________________________  First Name: ____________________________  Middle Initial: ____________________________  Preferred Name: ____________________________

Gender: ____________________________  Date of Birth (MM/DD/YEAR): ____________________________

New Member/ Update Record:  
  ○ New  ○ Update

Home Address:  
  Street: ____________________________  Apt: ____________________________  City: ____________________________  Zip code: ____________________________

Mailing Address:  
  Street: ____________________________  Apt: ____________________________  City: ____________________________  Zip code: ____________________________

E-Mail Address: ____________________________  Cell Phone: ____________________________  Home Phone: ____________________________

Volunteer: I’m interested in sharing my time & talents with the Party with the following Committee(s) - Mark all that apply

  ○ Affirmative Action  ○ Campaign  ○ Communications  ○ Community Relations
  ○ Fundraising  ○ Membership  ○ Party-run Presidential Primary (every 4 years)
  ○ For O‘ahu members volunteer at DPH Headquarters (answer phones, light computer work, data entry, etc.)

Find Your ‘Ohana: I’m interested in joining the following DPH orgs: Caucuses, YDs, &/or Committee - Mark all that apply

  ○ Education  ○ Environmental  ○ Hawaiian Affairs  ○ LGBT
  ○ Kupuna  ○ Labor  ○ Women’s  ○ Veterans
  ○ Young Democrats  ○ Health Committee

I am currently registered to vote in the State of Hawai‘i. (If you have not registered, or have not voted in either of the last two general elections, changed your name, or have moved since last registering, please also complete a Voter Registration Online at the Office of Elections website www.olvr.hawaii.org.) By signing this form, I agree to adhere to the principles of the Democratic Party of Hawai‘i and support its Constitution, Bylaws and Platform.

I understand the information given above may be used by the Party and its organizations and/or committees for Party-related contact and informational purposes.

Signature: ____________________________  Date: ____________________________

The Bylaws of the Democratic Party of Hawai‘i calls for annual voluntary communication fee of $25.00.

Contributions to the Party may be made by check or on-line.

Please make checks payable to: Democratic Party of Hawai‘i

To donate to the Democratic Party of Hawai‘i on-line go to www.hawaiidemocrats.org

In order to complete this form you need to fill it out, sign, and mail to:
Democratic Party of Hawai‘i P.O. Box 2041 Honolulu, HI 96805
or scan and email to info@hawaiidemocrats.org

Revised 08/2019