

**MAD (Montrose Area Democrats) Membership Form**

Name (please print) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Precinct \_\_\_\_\_

Phone: Home ( \_\_\_\_\_ ) \_\_\_\_\_ Work ( \_\_\_\_\_ ) \_\_\_\_\_

Cell ( \_\_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_

Type of employment: \_\_\_\_\_

Dues paid (dues are \$15 year): \_\_\_\_\_

Date enrolled \_\_\_\_\_ Signature \_\_\_\_\_

Please print, fill out, and mail to MAD, PO BOX 66189, Houston, TX 77266-6189

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PO BOX 66189  
Houston, TX 77266-6189

[www.madtimes.org](http://www.madtimes.org)

***Thanks for joining MAD!***