



I/We want to join/renew my/our membership

I want to provide a gift membership

\$40 Individual

\$16 Limited---income

\$60 Household/Family

\$125 Access

\$300 Voice

\$600 Power

In addition to my membership dues, I would like to make an additional pledge of

\$_____ monthly/quarterly/annually (*circle one*) Please send reminders

Digital Newsletters: Yes or No (circle one)

Member Name(s)_____

Address_____

City/State/Zip_____

Phone (H)_____ (W)_____

Fax_____ Email_____

*Employer/Occupation_____

**information required by the California FPPC and FEC*

I would like to participate on the following sub-committee(s)/activities checked below:

Elections/Appointments Membership Fund Development Campaign Volunteer

Media Legislation/Advocacy Candidate Development

Interest in a City/County Board/ Commission or Elected office

Make checks payable to: SBWPC and mail to: PO Box 90618, Santa Barbara, CA 93190-0618