



The Constitution Party of Indiana

Membership Form

(You must be Indiana residents, 18 years of age or older)

Personal Information:

Name: _____ Spouse: _____
Address: _____ Phone: _____
City: _____ State: _____ ZIP: _____
E-Mail: _____ County: _____
IN Representative District: _____ IN Senatorial District: _____ U.S. Congressional District: _____

_____ I am/am not a Military Veteran and also applying for Membership in the **National Veterans Coalition of Indiana**

Affirmation:

Contributions to Constitution Party of Indiana are not deductible as charitable contributions for income tax purposes. Contributions from corporations and labor unions shall not exceed \$2,000 during a calendar year. State law requires the Constitution Party of Indiana's best efforts to obtain, maintain, and report the name and address of any individual who contributes more than \$200 in a calendar year and obtain, maintain and report name, address AND occupation for any individual contributions over \$1,000.

Occupation: _____

I (we), the undersigned, agree with the principles, purposes, constitution, and platform, of the Constitution Party of Indiana and its local affiliates.

Signature _____ Date _____ Spouse Signature _____ Date _____

Opportunities For Service:

- | | | |
|-------------------------------------------------------------------------------|------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Candidate for Public Office | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Staff a Table at an Event |
| <input type="checkbox"/> Work on a Campaign | <input type="checkbox"/> Finances | <input type="checkbox"/> Organize an Event |
| <input type="checkbox"/> Gather Signatures for Petitions | <input type="checkbox"/> Mailings | <input type="checkbox"/> Letter Writing |
| <input type="checkbox"/> Work on a Committee <i>(see website for details)</i> | <input type="checkbox"/> Publicity | <input type="checkbox"/> Pray Regularly for the Party |
| <input type="checkbox"/> Officer of the Party | <input type="checkbox"/> County Chairman | <input type="checkbox"/> Regional Chairman |
| <input type="checkbox"/> Other: _____ | | |

You can find us at www.cpindiana.org and www.facebook.com/ConstitutionPartyofIndiana

Please mail your application to *Lynna Weston 11057 Allisonville Rd #180; Fishers, IN 46038-2331*

[] I would like a pocket copy of the Constitution of the US for \$6 (include payment with membership form).

Revised: June 25, 2013