



Mail all payments to:
PO BOX 640884 ~ El Paso, Texas 79904

NEDPA MEMBERSHIP FORM

Office Use Only
Membership Code: _____

ANNUAL MEMBERSHIP DUES: \$30 _____ **Cash** _____ **Check** _____ **Money Order**

(Please print legibly)

LAST NAME: _____

FIRST NAME: _____

MAILING ADDRESS: _____

EMAIL: _____

PHONE: (_____) _____ - _____

Preferred method of communication from the NEDPA (*newsletter, meeting reminders, etc.*)

(Check all that apply) Address Phone Email

Membership Directory Listing. Please choose what information you would like included:

(Check all that apply) Name Address Phone Email None

I AM A DEMOCRAT _____ Yes _____ No

SIGNATURE: _____

By signing, you agree to receive correspondence from the NEDPA.