



Official Membership Form

America First Party of Massachusetts

After filling out this form as completely as possible, please mail it to America First Party, P.O. Box 61126, New Bedford, MA 02746.

1. The requirements to become a member of the America First Party of Massachusetts are:

- having “America First Party” as one’s official state political designation;
- support of the Founding Principles of the America First Party, and aspects of the America First Party Platform which relate to the Founding Principles;
- obedience to the rules of the party;
- execution of this agreement by signing it;
- filing of this signed form with the party’s State Secretary or State Chairman;
- annual re submittal of this form within 30 days of the call to renew membership.

2. Are you a registered voter in Massachusetts? Yes No

3. Are you registered to vote under the
Massachusetts Political Designation “America First Party”? Yes No

4. Full Name (please print): _____

5. Mailing Address: _____
(street or P.O. Box)
_____, MA, _____
(City or Town) (Zipcode)

6. Residential Address: _____
(if different) (street or P.O. Box)
_____, MA, _____
(City or Town) (Zipcode)

7. Telephone: () _____

Best time to call? _____ AM / PM

8. Separate fax number: () _____

9. E-mail Address: _____

Please keep me informed of state events and issues by putting me
on the state party e-mail list: Yes No

10. Members are encouraged to volunteer to take an active role. This is a grassroots political organization which can only succeed if patriots become involved.

Please list any talents or expertise that you have which could benefit the party:

I would like to: attend events collect signatures serve on a committee
 organize my district run for office assist a campaign

How many hours per week can you contribute?

1 - 5 5 - 10 10 - 20 20 - 40 hours

11. Monetary Contribution. A suggested minimum donation of \$20, to help cover the cost of mailings, would be greatly appreciated.

I would like to contribute (*please circle*): \$20 \$25 \$50 \$75 \$100 \$250 \$500

Other: _____

I am paying by: check (payable to America First Party of Massachusetts) credit card

If paying by credit card, please complete the following:

My credit card is a: Master Card Visa Discover Card

Credit Card #: _____ Exp. Date (mm/yy): ____ / ____

Signature: _____
(Your signature authorizes us to bill your credit card at the contribution level that you have indicated above)

The FEC requires two items of information for individuals whose calendar-year contributions exceed \$200.

Employer: _____

Occupation: _____

12. Confidentiality. This information will only be used in conjunction with official America First Party business and correspondence.

13. Execution of this Agreement.

I have read and understand all portions of this form, and agree to abide by the conditions of membership specified in item 1 above. I pledge that I will stand for faith, freedom, and the United States Constitution. I pledge to support the platform of the America First Party, and if my words or actions contradict that platform, I will be willing to resign from the party or accept expulsion therefrom. I will endeavor to be ever mindful of the unity of the party over personal ambition. So help me God.

Signature

____ / ____ / ____
Date (mm/dd/yy)