

Please Check One

New Membership     Renewing Member – ID if known \_\_\_\_\_     Donation Only (Skip steps 1, 2, 3 & 4)

1. Please CHECK ONE from the Annual Dues options:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Basic Membership          | <input type="checkbox"/> \$25 One Year  | <input type="checkbox"/> \$50 Two Year  |
| <input type="checkbox"/> Supporter                 | <input type="checkbox"/> \$50 One Year  | <input type="checkbox"/> \$100 Two Year |
| <input type="checkbox"/> Statesman                 | <input type="checkbox"/> \$250 One Year | <input type="checkbox"/> \$500 Two Year |
| <input type="checkbox"/> \$500 Patriot             |   |   |
| <input type="checkbox"/> \$1,000 Lifetime Member   |   |   |
| <input type="checkbox"/> \$5,000 Beacon of Liberty |   |   |

2. County Affiliation

State Membership includes Membership to One County Affiliate. Please provide your preferred California County:

\_\_\_\_\_

3. Take the Pledge

**The Libertarian Party is the Party of Principle.** To proudly affirm our belief and ensure that our party never strays from our principles, we ask our members to sign and date the following statement:

*“I certify that I oppose the initiation of force to achieve political or social goals.”*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

4. Voter Registration (If eligible to register)

Voter Registration Party (or No Party Preference) \_\_\_\_\_

5. Payment Method

Check enclosed (Payable to the Libertarian Party of California)      **If donation only, enter amount:**  
 Credit Card      \$ \_\_\_\_\_

\_\_\_\_\_  
Card Number

\_\_\_\_\_  
Exp. Date

\_\_\_\_\_  
Name as it appears on card

\_\_\_\_\_  
Signature

6. Contact Information (Please print clearly)

Payment Options:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
email

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Occupation

**Postal Mail**  
Libertarian Party of California  
770 L Street #950  
Sacramento, CA 95814

**By Phone**  
(916) 446-1776 ext. 3

**Join or Donate Online**  
ca.lp.org/join  
ca.lp.org/donate

\*California state law requires political committees to report the name, address, occupation and the name of the employer for each individual whose contributions aggregate in excess of \$100 in a calendar year. Political contributions are not tax deductible.