

TO: Ted Adams
SC Constitution Party
PO Box 1757
Taylors, SC 29687

(____) New member, (____) Membership renewal. Enclosed is \$25 per person (\$40 for couples) for membership for the calendar year 20____. Total for dues \$_____. Make checks to SC CONSTITUTION PARTY. (not tax deductible)

Name _____
Spouse's name, if joining _____
Street Address _____ City _____
Zip _____ State _____ County _____ Precinct _____
Home Phone _____ Work Phone, or cell _____
E-mail _____
Occupation (required by SC Election Commission) _____

I have read the party's latest National Platform as posted at either www.constitutionparty.com or www.sconstitutionsparty.com and hereby agree to support the platform. Any exceptions that I have to the platform I have listed on the back side of this application form.

I understand that my *new member* SCCP voting privileges will not become effective until a minimum of thirty (30) days has elapsed after the date that the SCCP treasure receives my application and dues. New memberships are subject to the approval of both the State Chairman and the State Executive Director.

I agree to abide by the rules of the SC Constitution Party and to accept the decisions of the SCCP Executive Committee as final.

I am willing to help with limited phone _____ or e-mail tasks _____.

Signature

Date