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CONGRESS FOR DEMOCRATIC CHANGE MEMBERSHIP FORM

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County of Origin/Liberia _____ Professional Affiliations: _____

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Please select one of the following types of membership (\$10 monthly/\$120 yearly):

a. Annual Renewal () b. Initial Registration () c. General Member/Voting Member ()

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Submit online or mail completed form and payment by check, money order, or credit card, to CDC- USA at the address above. A receipt will be mailed to you or, contact Max T. Jardiah, Financial Secretary of CDC-USA, to notify him of your payment at (267)357-9075 or via email at tmaxsr@yahoo.com.

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