Congress for Democratic Change - Liberia

Friends of CDC, Liberia
Membership Form

Types of Membership: Please select one of the following types of membership:

A. Annual Renewal ☐ **Initial Registration** ☐

B. General Member/Voting Member: ☐ **$10.00 Monthly due:** ☐ **$120.00 yearly Membership dues**

C. Affiliate Member/Non-Voting Member: ☐ **Donation Amount:** _____

Name: _____

Mailing Address: _____ **City:** _____ **State:** _____

Email Address: _____

Telephone: Home: _____ **Cell:** _____

County of origin in Liberia: (optional) _____

Level of Education: (optional) _____ **Major:** _____

Amount of Payment: _____

Form of Payment: ☐ **Money Order** ☐ **Personal Check** ☐ **Certified Check** ☐ **Cash**

Online Payment: ☐ **Master Card** ☐ **Visa** ☐ **Discover** ☐ **Other**

Date of Payment: _____ **Manner of Payment:** ☐ **Mail** ☐ **In-Person** ☐ **Online** _____

Please make check, money order, or credit card payment to CDC-USA. Submit online or mail completed form and payment to CDC- USA at the address above. A receipt will be mailed to you. You may also contact Daniel Doe, Treasurer of CDC-USA, to notify him of your payment at Tel: (678) 517-9044 or by email doedonyen2@hotmail.com. Thanks | Mailing Address: CDC - USA - P.O. Box 3004, Frederick, MD 21705 USA

**********Please Do not write below this line/ Official Use Only**********

CDC-USA
OFFICIAL RECEIPT OF PAYMENT

Name (Payee): _____

Amount of Fee / Contribution Received by CDC-USA: _____

Date Money Received: _____ Medium of Receipt: ☐ Mail ☐ In Person ☐ Online: _____

Name/ Signature & Tel # of CDC-USA Treasurer or other Officer/Member: _____