Membership Application

			0.24
NAME			TYPE OF MEMBERSHIP:
ADDRESS			☐ Student (\$4)
CITY			☐ Regular (\$6) ☐ Sustaining (\$12) ☐ Lifetime (\$100)
PHONE (AREA	BIRTH D	ATE	Life Sustaining (\$25
what experience	nave you had in	political orga	anizational work?
			The state of the s
the state of the s	A TOTAL MARK WAS	A. A.	
What organization		ions do you ha	ve influence with?
Are you interest Party? []	ced in running f	or office as a If yes, what	candidate of the Libertari
On what level(s)	would you be w [] National	illing to serve	e as an officer of the Liber [] Local [] None
Who or what pers	suaded you to jo	in the Libertan	rian Party?
	I hereby certif	y that I do not	t believe in or advocate th
		orce as a mean	s of achieving political or

Return this form, with a check or money order made out to LIBERTARIAN PARTY, to the address below. If you have already sent in \$1 or more for information, you may deduct \$1 from your first year's membership fee.

Libertarian Party

NATIONAL HEADQUARTERS: 7748 LOWELL BOULEVARD WESTMINSTER, COLO. 80030 PHONE (303) 429-0400



Signature

LIBERTARIAN PARTY
OF OKLAHOMA
P. O. Box 25517
Oklahoma City, Okla. 73101
Tele: (405) 634 - 6661