



Membership Application

Name(s) \_\_\_\_\_
Address \_\_\_\_\_
City, State, Zip \_\_\_\_\_
Telephone (\_\_\_\_\_) \_\_\_\_\_
Cell: \_\_\_\_\_ Fax: \_\_\_\_\_
Work Phone \_\_\_\_\_
E-mail \_\_\_\_\_
U.S. Cong. District \_\_\_\_\_
State Senatorial Dist. \_\_\_\_\_
State Legislative Dist. \_\_\_\_\_
County/Parish \_\_\_\_\_
Precinct \_\_\_\_\_

Please check the membership level you want:

- Basic
Individual, \$25 per year
Married Couple, \$40 per year
Sustaining
\$30 per month
\$50 per month
\$100 per month
\$\_\_\_\_\_ per month
First month: \_\_\_\_\_
Life
\$1,000 one time
Charter
\$5,000 one time
\$250 per month for 20 months

Gift for Education Fund: \$\_\_\_\_\_
The Education Fund helps produce the
Studies in Christian Statesmanship Curriculum.

Total Enclosed: \$\_\_\_\_\_
Make checks payable to: Christian Liberty Party
Please sign Subscription on reverse side.
CLP Form 103 (2024-01-25) 888-396-6247

Annual Subscription Statement

- 1. I am eligible to vote in the state in which I reside.
2. I agree with and will support the purpose of the Christian Liberty Party as expressed in its Constitution, Vision, & Principles documents.
3. I confess Christ as my Savior and acknowledge His Lordship over men and nations and will conduct my personal and party affairs accordingly.
4. I agree to operate according to the policies and procedures set forth in the party Constitution and Bylaws.
5. I understand that subscribers may voluntarily withdraw at any time from this association without a refund of any membership donations.
6. I am not a member of any secret organization or association which requires any oath which supersedes such covenant oaths as baptism, marriage, oath of public office, public testimony, or public jury or which requires loyalty and obedience to a jurisdiction contrary to God's order.
7. I agree that men of every nation, tongue and race are of one blood as determined by God according to Acts 17:26.
8. I agree to pay an annual subscription fee as prescribed by the CLP National Committee.

I (we) meet the above requirements.

Membership Year: \_\_\_\_\_
Signature(s): \_\_\_\_\_ Date \_\_\_\_\_

Mail to: Christian Liberty Party
18826 93rd Ave NE, Bothell, WA 98011

For Office Use Only:

Date Received (National) \_\_\_\_\_
Check # or Cash \_\_\_\_\_
Date Packet to Member \_\_\_\_\_
Date Data to State Party \_\_\_\_\_
Date Data to County Party \_\_\_\_\_