THE CHRISTIAN LIBERTY Party

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, $30 per year
  - ❑ Married Couple, $50 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 (2024-12-04) 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. (These can be obtained by calling 888-396-6247 or *by visiting www.christianlibertyparty.org.*)
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 _____