

Join/donate below or at [VCDL.org](https://vcdl.org)

☐ Join ☐ Renew (Member # _____)

Name: _____

Address: _____ Apt: _____

City: _____

State: _____ ZIP: _____ Phone: _____

☐ Send important TEXT updates to the number above

Send *The Defender* newsletter: ☐ By Mail / ☐ Electronically

E-mail: _____

Recruited by (optional): _____
(Last Name & Member #)

REQUIRED INFO for VCDL-PAC CONTRIBUTIONS¹:

OCCUPATION: _____

EMPLOYER: _____

EMPLOYMENT LOCATION: _____
(City & State)

Date	/ /
Individual VCDL Membership (\$25/yr) ²	\$
VCDL Contribution ²	
VCDL-PAC Contribution ²	
VCDL-F Contribution ³	
Total for Additional Family Member(s)	
Total enclosed	\$

Payment Method:

☐ Cash (In-person only; please **do not** mail cash)

☐ Personal Check

Charge/Debit: ☐  ☐  ☐  ☐ 

Card Number (Contact e-mail & phone required for credit card transactions)

/
Exp. Date CVV

Name as it appears on card (Please print legibly)

Signature of Cardholder

Additional Family Member Information

1) Name: _____ **5)** Name: _____

Email: _____ Email: _____

Phone: _____ Phone: _____

2) Name: _____ **6)** Name: _____

Email: _____ Email: _____

Phone: _____ Phone: _____

3) Name: _____ **7)** Name: _____

Email: _____ Email: _____

Phone: _____ Phone: _____

4) Name: _____ **8)** Name: _____

Email: _____ Email: _____

Phone: _____ Phone: _____

Note: Additional family member(s) must reside at the same address as the Primary Member in order to receive the discounted membership rate of \$15 per person which would be calculated as follows:

1 additional family member = \$15
2 additional family members = \$30
3 additional family members = \$45
4 additional family members = \$60

5 additional family members = \$75
6 additional family members = \$90
7 additional family members = \$105
8 additional family members = \$120

¹ VCDL-PAC is the Virginia Citizens Defense League's Political Action Committee.

² Contributions and membership dues **are not** deductible for Federal Income Tax purposes.

³ Contributions to VCDL-F **are** deductible for Federal Income Tax purposes.

Mail completed application to:
VCDL Membership Processing Center
PO Box 77
Willis, VA 24380