



**Thank you for supporting
THE CONSTITUTION PARTY OF IDAHO**

Complete the information below to share your support. **To request membership, add your signature below and check here.**

First Name: _____

Spouse: _____

Email: _____

Last Name: _____

Phone: _____

Address: _____

City/ Zip: _____ / _____

County: _____ Congress District/ Leg. Dist./ Precinct #: ____/ ____/ _____

CONSTITUTION PARTY OF IDAHO STATEMENT OF PURPOSE

The Declaration of Independence was the guiding document from which the Constitution and our nation's struggle for freedom emanated. Its primary purpose was to affirm the protection of inalienable rights of all: the right to life, liberty and property. The Constitution was written to implement that protection. The purpose of the Constitution Party of Idaho is to support the intent of the Declaration of Independence by returning to the limited government defined by the Constitution.

YES, I will join the pursuit of restoring our country's founding principles of constitutionally limited government by becoming a member of the Constitution Party of Idaho and supporting the party platform. I (we) agree to the purpose stated above and request membership in the Constitution Party of Idaho. I am a (we are) registered voter(s) in the State of Idaho.

Date: _____

Signature: _____

(If both husband and wife desire to join, both need to sign the application. Membership is from June 1 through May 31 and is renewed annually.)

Donations

*The Constitution Party of Idaho anticipates, appreciates and depends on your **voluntary** contribution of time, talent and treasure. Your contributions go a long way toward building our efforts to promote the cause of Liberty. Choose the level of support that fits for you.*

YES! I want to help restore our Constitution Republic. Please find enclosed my generous contribution of:

__ \$25 __ \$50 __ \$75 __ \$100 __ \$250 __ (Other) \$ _____

Enclosed check/ money order payable to the Constitution Party of Idaho

Please charge my gift to my credit card in the above amount:

Visa MasterCard Discover American Express

Account # _____ Expires: ____/ ____

Signature: _____

Please consider this a monthly pledge for one year:

Charge the amount to my card on the _____ day of each month.

I will pay monthly by check. Please send me a reminder.

Time and Talent

***"God grants liberty only to those who love it and are always ready to guard and defend it."* – Daniel Webster**

YES! I want to guard and defend liberty. Here is where I can help or have an interest (check all that apply):

Be a Candidate for Office

Legislative/ Congressional Watch

Communications: Media/ Web-Internet/ News

Campaign – Candidate Support/ Fund Raising

Administration/ Organization

Legal

Tell me where you need me...

Other: _____

**mail to: The Constitution Party of Idaho
PO Box 695 – Parma, Idaho 83660**

Because the Constitution Party works on behalf of candidates seeking elective office, contributions are not tax deductible. There are no limits in Idaho on contributions to political parties. Aggregate contributions of \$50 or more in one calendar year per person are reportable and require the full name and address of the contributor.

Paid for by the Constitution Party of Idaho – Nate Southwick, Treasurer