

OSTEOPAC

Washington Osteopathic Physicians and Surgeons
Political Action Committee

Membership Registration

(*Information required by State campaign finance laws and must be provided with contribution)

Date _____

*Name _____

*Address _____

*City _____ State _____ Zip _____

_____ Retired _____ Self Employed

*Employer (if other than self) _____

*Employer Address _____ City _____ State _____ Zip _____

*Occupation _____

Legislative District # _____ Congressional District # _____

_____ \$ 25.00 _____ \$ 200.00

_____ \$ 50.00 _____ \$ 365.00

_____ \$ 100.00 _____ \$500.00 \$ _____ Other

Make Your Personal Check Payable to: OSTEOPAC

_____ Payment in full is enclosed.

_____ Please bill me. All pledges are reported to the Public Disclosure Commission and must be paid before the end of the year.

Please complete this form and send with your personal check (**no business checks**) made out to **OSTEOPAC** to P.O. Box 16486, Seattle, WA 98116-0486

* Information required by Public Disclosure Commission