



**ALLIANCE OF  
DERRY  
TAXPAYERS**  
www.derrytax.org

## Membership Application

Application Date \_\_\_\_\_

Name (Last, First) \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

Street Address \_\_\_\_\_

Town, ZIP Code \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

E-Mail address \_\_\_\_\_

How did you learn about the Alliance of Derry Taxpayers? \_\_\_\_\_

What issue(s) do you consider most important in your decision to join ADT? What are your goals?

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Annual Dues (Voting Member) \$25 Paid \$\_\_\_\_\_

Dues / Donation (Supporting Member) \$10 suggested, more welcome Paid \$\_\_\_\_\_

Payment : Cash Check# \_\_\_\_\_ Other \_\_\_\_\_