## Membership Application Form



# **Socialist Labor Party of America**

The Party of Marxism-De Leonism and Socialist Industrial Unionism Established 1890

Please fill out and sign this membership application form and mail it to your local section (see directory) or to the National Office:

### Socialist Labor Party P.O. Box 218 Mountain View, CA 94042-0218

Name:	
Address:	
City:	
Telephone: Email:	
Occupation:	
Age: (Must be at least 18.) Former political affiliation (if any):	
QUESTIONS TO BE ANSWERED BY THE APPLICANT	
Have you ever been a member of the SLP? (Check one) $\square$ Yes. $\square$ No.	
If so, why was your membership terminated? (Check one) $\square$ Nonpayment of dues. $\square$ Resigned. $\square$ Expelled.	
If you resigned, what was the reason?	
Are you a citizen? (Check one) $\square$ Yes. $\square$ No.	
If not, have you declared your intention to become a citizen? ☐ Yes. ☐ No.	
(NOTE: The Constitution of the Socialist Labor Party provides that all of the following questions must be answered before an application for membership can be considered.)	"yes"
1. Do you recognize the irreconcilable class antagonism between workers and capitalists that exists under present economic system?  Yes.  No.	der the
2. Do you recognize the capitalist nature of the present political power and its use by the ruling cl preserve its domination over labor and extend it in all spheres?  Yes.  No.	lass to
3. Do you agree to give unqualified support to the workers in their struggles with the capitalist $\square$ Yes. $\square$ No.	class?
4. Do you agree that the emancipation of labor must be achieved by the workers themselves and require organization of the working class into a classwide industrial union to take, hold and operate economy on a democratic socialist basis, and into a political party of the working class opposed capitalist parties?  Yes.  No.	ate the
5. Have you satisfied yourself that the SLP is the organization that best represents the interests of the w class and socialism? $\square$ Yes. $\square$ No.	orking/
6. Are you in agreement with the platform and basic positions of the SLP, and agree to support its candid Yes. $\square$ No.	dates?
7. Do you agree to abide by organizational procedure as explained in the Party Constitution? $\square$ Yes. $\square$	No.
Signed:	00

(Important additional information next page)

#### PRIMARY DUTIES OF AN SLP MEMBER

- 1. Attend every section meeting.
- 2. Keep in good standing.
- 3. Support and participate in all Party activities.
- 4. Never lose an opportunity to acquaint others with the Party's principles and program ands to urge their participation in our activities and to ultimately join the Party.
- 5. Make every effort to secure subscriptions to *The People*, and keep your own subscription current.
  - 6. Give the Party's literature the widest possible circulation.
  - 7. Support the Party's fund-raising efforts.

#### **DUES AND ASSESSMENT**

Dues are \$1.00 a month. Local sections may levy an additional amount. In addition, an annual National Convention Mileage Assessment of \$10.00 is levied by the National Executive Committee. All other financial contributions are strictly voluntary. Members known to be sick or unemployed are entitled to exemption from dues and the annual assessment.

Members are expected to subscribe to the Party's official journal, *The People*. The annual subscription rate is \$5.00.

#### **MEMBERSHIP RIGHTS AND PRIVILEGES**

All rights and privileges of membership in the SLP are explained in the Party's Constitution, its Organizational Norms and Procedures, its Handbook on Intervention and Union Work, and in its statement addressed to the prospective member. These documents can be viewed and downloaded from the SLP's website. Hard copies can be obtained without charge or obligation from the local section in your area (see the SLP Local Directory elsewhere on this site) or from the National Office. When writing to the National Office for hard copies of these documents please specify that you are interested in receiving the SLP Membership Packet. Send your request to:

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