

DEMOCRATIC WOMEN'S INFORMATION NETWORK



MEMBERSHIP APPLICATION

Please print clearly. Indicate the numbers 0 & 1 and the letters o & i carefully.

Name _____ Date _____

Address _____

City _____ Zip _____

Home Phone _____ Cell _____ Work _____

Email _____

Voter Information: I am a registered Democrat _____ Precinct No. _____

I'd be happy to help with: _____ Planning Meetings _____ Fundraising
_____ Communications _____ Campaign Support

Signed _____

Included with my application is my check for:

\$ _____ ***New Member dues (\$35.00 per year or portion thereof)***

Print Name for Badge _____
(Print Name Clearly)

\$ _____ ***TOTAL***

Check Payable to: DWIN

***Mail to: DWIN
P.O. Box 57515
Jacksonville, FL 32241-7515***