



DOUGLAS COUNTY
Democratic Women
 MAKING A DIFFERENCE IN OUR COMMUNITY

2019 – 2020 Membership Application

April., 2019

DCDW MISSION: To promote social and economic security, equality, justice and opportunity for all.

PURPOSE: To be an effective action forum supporting those candidates and issues DCDW endorses. To provide grassroots input into the political process by identifying and promoting local, regional, state, and national political issues and positions endorsed by DCDW.

I am a renewing member for 2019 - 20 I am a **NEW** member or returning member

NAME: FIRST: _____ M.I. ____ LAST: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: HM: _____ WK: _____ Mobile: _____

PLEASE INDICATE YOUR PHONE CONTACT PREFERENCE: *HM* *WK* *MOBILE*

EMAIL: _____

OCCUPATION: _____ (If retired, please indicated from what.)

Talents/Skills to share: _____

Organizations to which you belong: _____

List five (5) local, state or national issues MOST important to you on the back of this sheet.

**VOTING MEMBERSHIP
 2018-19 ANNUAL DUES**

\$40 – Standard membership \$55 – Supporter
\$100 – Sustainer \$15 – Living Lightly \$ _____ Other Amount

With a minimum renewal payment of \$50 you can receive a free DCDW Membership pin-indicate here if you would like the pin.
 If you would like to participate on a committee, please indicate your preference(s).

Fundraising Public Relations Legislation Programs
 Membership Scholarship Community Service

**WE RESPECT
 YOUR PRIVACY**

Please indicate what personal information you'd prefer NOT to share on the DCDW membership roster (available to all members) by checking the boxes below:

NAME ADDRESS EMAIL TELEPHONE

Indicate here if you would like a copy of the DCDW membership roster (PDF or print).

**Complete and return this
 form with your payment:**

**Douglas County Democratic Women (DCDW)
 P.O. Box 939, Minden, NV 89423**

FOR OFFICE USE ONLY

DATE REC'VD: ____/____/____ CASH: ____ OR CHECK #: ____ AMOUNT: ____ PRECINCT #: ____