



DOUGLAS COUNTY  
**Democratic Women**  
 MAKING A DIFFERENCE IN OUR COMMUNITY

**2020 – 2021 Membership Application**

April, 2020

**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 2020 - 21     I am a **NEW** member or returning member  
 My information has changed – see below

**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: \_\_\_\_\_

What do you hope DCDW will provide you as a member? \_\_\_\_\_

**VOTING MEMBERSHIP  
 2018-19 ANNUAL DUES**

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

With a minimum renewal payment of \$55 you can receive a free DCDW Membership pin-indicate here  if you would like the pin.  
 Serving on a committee is the lifeblood of our organization; we need your talents and skills. Please indicate your preference.

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 #: \_\_\_\_