



**Democratic Women of Mecklenburg County
Membership Form**

Must be a Registered Democrat in Mecklenburg County

Please Print Name as it Appears on Voter Registration Card

Name		
Address		
City	State	Zip
Phone		
E-mail		
Occupation	Employer	

I would be interested in helping with one or more of the following committees:
(Circle as many as are applicable)

By-Laws	Publicity	Local, State, Nat'l Issues	Getting Out the Vote
DWMC History	Fundraising	Hospitality	Other:

Please complete this form and mail along with your dues to:

NC Democratic Women of Mecklenburg County
P.O. Box 470712
Charlotte, NC 28247-0712
OR

Pay online at www.meckdemwomen.com. Select "Contribute"

Make checks payable to DWMC

		Csh	PP	Ck
Regular Membership	\$30.00	___	___	___
Senior Membership (60 and over)	\$20.00	___	___	___

Democratic Women



Are The Life Of The Party!

DWMC Use: Registered Democrat _____ Precinct _____

Application Date: _____

Take Our Women Power to Elected Offices and to the Polls