



## DEMOCRATIC WOMEN'S INFORMATION NETWORK

PO Box 41365 Jacksonville, FL 32203 [www.duvaldwin.org](http://www.duvaldwin.org)



NURTURING AND SUPPORTING FUTURE WOMEN LEADERS IN DUVAL COUNTY

### MEMBERSHIP APPLICATION

Complete and return. SCAN: [membership.democraticwin@gmail.com](mailto:membership.democraticwin@gmail.com) MAIL: POBox 41365 32203

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Birthday: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I am a Registered **Democrat** in \_\_\_\_\_ County. My **Precinct** is \_\_\_\_\_.

I will serve on the following Standing Committee(s)

Program \_\_\_\_\_ Finance/Budget \_\_\_\_\_ Membership \_\_\_\_\_ Legislative Affairs \_\_\_\_\_ Political Action \_\_\_\_\_

By-Laws \_\_\_\_\_ Campaign \_\_\_\_\_ Publicity/Social Media \_\_\_\_\_ Education and Training \_\_\_\_\_ Ways and

Means \_\_\_\_\_ Candidate Identification \_\_\_\_\_

Annual **DUES are \$30.00**. Add \$10.00 for Name Badge. Donate online at [duvaldwin.org](http://duvaldwin.org); or check payable to **DWIN**.

Thank **YOU**.

Build **BLUE** Better.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_