



MEMBERSHIP APPLICATION

Please **PRINT** or **EMAIL**.

First Name: _____

Last Name: _____

Email: _____

Telephone: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

I am a Registered Democrat in _____ County, Florida.

My Voter's Registration Number is _____.

I live in Precinct _____.

I will help with (Please check all that apply):

Program

By Laws

Membership

Communications

Telephone

Ways and Means

Legislative

Political Action

- I attached my check (\$30) payable to DWIN for dues. _____.
- I attached my check for a name badge. (\$10) _____.

Signature: _____ Date: _____

MAIL TO: DWIN -- P.O. Box 41365, Jacksonville 32203

EMAIL TO: membership.democraticwin@gmail.com

Notes

THANK YOU!