



www.dwwc.net
P.O. Box 12033
Raleigh, NC 27605

You must be a registered Democrat to apply for membership.

Date: _____

Name*: _____ Female Male

Address*: _____

City*: _____ State*: _____ Zip*: _____

Preferred Phone: _____ Email: _____

Occupation*: _____

If retired, print retired and list former occupation* Employer*: _____

Precinct: _____ NC House District: _____ NC Senate District: _____

1. Membership/Type of Payment: New Member Renewal Membership Check Cash

2. Membership Level: General (\$25) Sponsor (\$50) Eleanor Roosevelt (\$100)

Make checks payable to Democratic Women of Wake County. Mail to DWWC, P.O. Box 12033, Raleigh, NC 27605

3. Are you an elected official or Democratic Party Officer? Yes No

If yes, what position do you hold? _____

(NCDP, WCDP, Precinct Officer, City Council member, County Commissioner, NC Legislator, Judge)

4. What are your areas of interest?

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Hostesses – Club events | <input type="checkbox"/> Issues |
| <input type="checkbox"/> J-J Breakfast – Planning/Operations | <input type="checkbox"/> Volunteers |
| <input type="checkbox"/> Community Outreach | <input type="checkbox"/> Publicity |
| <input type="checkbox"/> Fund Development | <input type="checkbox"/> Newsletter |

* Items marked with an asterisk are required by NC state law. Please provide all information to help us serve you and our party.

This space for office use only

Revised December 11, 2017

For membership questions, contact Cindy Sinkez, President – cindydwwc@yahoo.com 919-319-8375

Thank you for joining Democratic Women of Wake County