

2020

Membership application



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

You must be a registered Democrat to apply for membership. Please print. **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 NO changes** **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 committees would you like to join?**

- | | |
|---|--|
| A. Hostesses – Club events | <input type="checkbox"/> Issues |
| B. Unity Breakfast fundraiser– Planning/Operations | <input type="checkbox"/> Volunteers |
| C. Community Outreach-Membership Sub-Committee | <input type="checkbox"/> Publicity |
| D. Fund Development | <input type="checkbox"/> Newsletter |

5. **I give permission to have my picture posted on dwwc.net and DWWC Facebook group.** ____yes ____ no

For membership questions, contact Tanyetta Sutton, 1st VP, Membership Chair, 1stvpdwwc@gmail.com or call 919-222-7464

Thank you for joining The Democratic Women of Wake County.
 Henrietta Coursey, President henriettadwwcpresident0@gmail.com

** 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