



MEMBERSHIP APPLICATION

2017 - 2018

(Please print carefully)

Name _____ Date _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Cell Phone _____ (State which you prefer us to use. H, W, or C)

I am a Registered Democrat in _____ County, Florida

Voter registration# or Birth Date _____ Precinct # _____

E-mail Address _____

I am interested in becoming involved in the following areas (check all that are applicable):

<input type="checkbox"/> Campaign Activities	<input type="checkbox"/> Newsletter/Publicity
<input type="checkbox"/> Membership Activities (Recruitment)	<input type="checkbox"/> Finance/Fundraising
<input type="checkbox"/> Legislative Activities	<input type="checkbox"/> social Media/Website
<input type="checkbox"/> Others (Please specify _____)	

Make Check in the amount of \$25.00 per persons - Donations are greatly appreciated.

Payable to: DWC Volusia and mail to DWC Volusia, P.O. Box 290453, Port Orange, Florida 32129-0453

President – Danielle Neetz
1st Vice President - Alyce Shelton
2nd Vice President – Christine Wilt
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