



MEMBERSHIP APPLICATION

2021

(Please print carefully)

Name _____ Date _____

Street Address _____

Secondary 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 Volusia County, Florida in Precinct # _____

Voter registration# or Birth Date _____

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 **\$30.00** 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 – Alyce Shelton
 1st Vice President – Barbara Grimm
 2nd Vice President – Susan Vaughen
 Secretary – Kathryn Neel
 Treasurer – Danielle Neetz

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