

**DEMOCRATIC WOMEN'S CLUB OF ST. JOHNS COUNTY
MEMBERSHIP APPLICATION FORM:**



If you would like to become a member of the Democratic Women's Club of St. John's County please print out the following Application and send the completed form with your \$ 20.00 annual dues to

Corinne White
102 Saragusa
St Augustine, FL 32080
cswwhite68@gmail.com
904.824.9036

NEW MEMBER _____ RENEWAL _____

DATE: _____

NAME: _____

ADDRESS: _____

Zip _____ PHONE: _____ Precinct # _____

EMAIL _____

REGISTERED Democrat ? _____ Yes _____ No

I would like to receive occasional e mail advisories. YES _____ NO _____

You may print my email in the Member Directory YES _____ NO _____

I would like to help with: Mailers _____ Fundraisers _____ Hospitality _____

Greeter @ Meetings _____ Bring snacks _____ Letters to the Editor _____

Precinct work (for 2012) _____ Work at the Polls _____ Other (specify) _____

Other Democrats who should be on our mailing list: Use the back if more space is needed.

Name _____ Address _____

Name _____ Address _____

Please take the time to complete this form today. If you cannot actively join us, please try to send a donation so we can continue to work and grow the party in St. Johns County. Note: If you are interested in participating as a Member of the Democratic Women's Club, but find the annual fee an obstacle, please contact Corinne White above, in confidence, to discuss the options available