



Democratic Women's Club of Charlotte County Membership Application

New _____

Renewal _____

Please print (new members only). If you are renewing your membership and all your information is the same, simply send your payment to the address below.

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone#s () _____ () _____ () _____
(Home) (Cell) (Work)

Email _____

Congressional District _____

State Senate District _____

State House District _____

County Commission District _____

Voter Registration # _____

REQUIRED INFORMATION

I hereby certify that I am a member of the Democratic Party of Florida who supports active involvement and influence of citizens in politics and government affairs in my county, the State of Florida and United States of America.

Signature

Please make your check in the amount of \$25.00 payable to the CCDWC and send to:

Date

Treasurer,
DWC of Charlotte County, 3596 Tamiami Trail, Unit 202
Port Charlotte, FL 33952