



## Democratic Women's Club of St. Lucie County Membership Application

**Name:** \_\_\_\_\_

**Mailing Address, including Zip Code:**

\_\_\_\_\_  
\_\_\_\_\_

**County where you are registered as a Democrat:** \_\_\_\_\_

**E-mail address** \_\_\_\_\_

**Phone contact:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

Membership and recruitment

Door to door canvassing

Phone canvassing and house parties

Legislative activities

Letters to editor and newsletter writing

Fundraising activities

Social media and website posting

Student Scholarship activities

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please pay dues in the amount of \$20.00 via our PayPal on-line account or mail application and check to

Democratic Women's Club of St. Lucie County

PO Box 881643

Port St. Lucie Florida 34988