******Democratic women’s information network**

***po Box 41365 Jacksonville, FL 32203 www.duvaldwin.org***

# Nurturing and supporting Future Women leaders in Duval County

**ONLINE MEMBERSHIP APPLICATION**

**Click in the shaded fields and enter your information. Follow the instructions at the bottom to finish the process.**

First Name:Click or tap here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name:\_Click or tap here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthday:\_Click or tap here to enter text.\_\_\_\_\_\_\_\_\_\_\_

Email:\_Click or tap here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_Click or tap here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address:\_Click or tap here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_Click or tap here to enter text.\_\_ State:\_Click or tap here to enter text.\_\_ Zip Code:\_Click or tap here to enter text.\_\_

I am a Registered **Democrat** in \_\_Click or tap here to enter text.\_County. My **Precinct** is\_Click or tap here to enter text.\_\_\_\_\_\_\_\_.

I am applying for an Associate Membership\_\_\_[ ] \_\_\_\_, Student\_\_ [ ] \_\_\_\_, or General Membership \_\_[ ] \_\_\_\_\_.

I will serve on the following Standing Committee(s) Program[ ] \_\_ Finance/Budget\_[ ] \_ Membership\_[ ] \_\_ Legislative Affairs [ ] \_ Political Action \_[ ] \_ By-Laws \_[ ] \_\_ Campaign \_[ ] \_\_ Publicity/Social Media \_[ ] \_\_\_\_ Education and Training \_[ ]  \_\_\_\_ Ways and Means \_[ ] \_\_\_\_ Candidate Identification \_[ ] \_\_\_\_

Annual **DUES are $40.00**. Add $10.00 for Name Badge. Associate member dues are $30.00 and Student member dues are $20.00. Donate online at **https://www.duvaldwin.org/join-or-renew**; or write a check payable to **DWIN.** Thank **YOU**.

Patricia Presley 2nd Vice President, DWIN Membership

(904) 697-6137

Signature: \_\_Click or tap here to text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_Click or tap to enter a date.\_\_\_\_\_\_

Once Completed, **File Save As** with your name, then **Email** to: membership.democraticwin2@gmail.com

If you have a hard copy application, complete and then MAIL to: **PO Box 41365 Jacksonville 32203**