

YES! I want to help the work of the Women's Democratic Club!

Enclosed is my donation in the amount of: \$ _____

Enclosed are my annual membership dues in the amount of: \$ _____

I would like to work on the following committees: _____ Date _____

___ Campaign Elections Support (Endorsements & Nominations) ___ Programs (Hospitality and Issues)

___ Fundraising (ERT & Scholarships) ___ Membership

___ I am unable to serve on a committee at this time

*Please make checks payable to: **Women's Democratic Club***

DUES:	LIMITED INCOME MEMBER	GENERAL MEMBER	FRIEND'S CIRCLE	BENEFACTOR'S CIRCLE	PRESIDENT'S CIRCLE
	___ \$20 -	___ \$50 -	___ \$100 -	___ \$500 -	___ \$1000 +

Your membership expires expires December 31 of each year.

PLEASE PRINT *(The following information is required for each membership & donation for reporting purposes)*

_____ WDC may share Name, Address, and phone # with other Democrats and Clubs

Name _____

Address _____

City _____ State _____ Zip _____

Occupation _____ Employer _____

Address _____

THE FOLLOWING IS OPTIONAL:

Home Phone (_____) _____ Work Phone (_____) _____

Fax (_____) _____ E-Mail _____

Referred by _____

Women's Democratic Club, P. O. Box 20602, Riverside, CA 92516 - I.D. # 26-058-7388

