



## Democratic Women's Club of Palm Beach County Membership Application / Renewal

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

**I am registered to vote as a Democrat.**

Signature \_\_\_\_\_

Please enclose dues payable to "DWC of Palm Beach County" in the amount of \$20.00

An additional \$25 makes you a Club "Angel" for a year.

Mail application and dues to:  
Shirley Y Herman, Treasurer  
2600 North Flagler Drive #207  
West Palm Beach FL 33407