



## *Democratic Women of Union County*

**2023 Membership Form – Annual Dues \$20.00**

**Name:**

**Mailing Address:**

**City:**

**State:**

**Zip Code**

**House Phone Numbers:**

**Cell Phone:**

**Email Address:**

**Preferred means of contact:**

Mail

Email

**Employer:**

**Occupation:**

*I am interested in serving on the following committees: (Please note that each Committee will meet as needed and report to the entire membership.)*

Fundraising Committee

Regional/State Committee

Constitution and Bylaws

Membership Committee

Public Relations Committee

Program Committee

Other: \_\_\_\_\_

*Subjects I would like addressed during a meeting:* \_\_\_\_\_

*Ideas for improving the meetings:* \_\_\_\_\_

**Make check payable to DWUC**

**Please mail completed form with check to:**

**DWUC**

**Post Office Box 2413**

**Indian Trail, NC 28079**