



## Democratic Women's Club of Flagler County Membership Application

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**I am a registered Democrat**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Annual dues are \$25.00 per person.  
Payable by check to: Democratic Women's Club of Flagler County  
P.O. Box 353963, Palm Coast, FL 32135

I would like to volunteer:

I am Interested in Running for Public Office or Candidate Recruitment

Participate in Community Outreach Efforts

Public Relations

Assist with Building Membership

Help with Voter Registration

Social Media / Website

Legislative Activism

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

For more information, contact [dwcflagler@gmail.com](mailto:dwcflagler@gmail.com)