



Democratic Women's Club of Flagler County Membership Application

Name _____

Address _____

Phone _____ Alternate Phone _____

Email Address _____

I am a registered Democrat

Please check one: New Member Renewal

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 Support Efforts
- Social Events
- Assist with Building Membership
- Help with Voter Registration
- Social Media / Website
- Legislative Activism
- Other: _____

For more information, contact dwcflagler@gmail.com