



**DEMOCRATIC WOMEN'S CLUB OF FLORIDA, INC.**

***DWCF MEMBERSHIP APPLICATION***

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #'s: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Work

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Cell Fax

E-Mail: \_\_\_\_\_

Congressional District: \_\_\_\_\_  
State Senate District: \_\_\_\_\_  
State House District: \_\_\_\_\_  
County Commission District: \_\_\_\_\_  
Voter Registration #: \_\_\_\_\_

(REQUIRED)

**I HEREBY CERTIFY THAT I AM A MEMBER OF THE DEMOCRATIC PARTY OF FLORIDA WHO SUPPORTS ACTIVE INVOLVEMENT AND INFLUENCE OF CITIZENS IN POLITICS AND GOVERNMENT AFFAIRS IN MY COUNTY, THE STATE OF FLORIDA AND THE UNITED STATES OF AMERICA.**

\_\_\_\_\_  
SIGNATURE:

\_\_\_\_\_  
DATE: