



DEMOCRATIC WOMEN'S CLUB OF FLORIDA, INC.

**LIFE MEMBERSHIP
NOMINATING FORM**

Award to be granted to an outstanding member each year

A. Name of Nominee: _____

Residence of Nominee: _____

Home Phone Number of Nominee: _____ Office: _____

Number of years a Florida resident: _____

B. Biographical Sketch of Nominee (Attach): _____

C. Supportive material: proof of statewide leadership, capability and dedication to the principles and aims of the Democratic Women of Florida. (Not to exceed two pages):

D. Democratic Women's Club Membership, if any: _____

E. Name of Member Submitting Nomination: _____

Address: _____

City: _____ State: _____ Zip: _____

(Democratic Women's Club Membership)

Signature:

Date: