

Democratic Party of Virginia Women's Caucus Membership Form

I, the undersigned, hereby state that I am a Democrat, I am a registered voter in the city or county listed below, that I believe in the principles of the Democratic Party, and I do not intend to support any candidate who is opposed to a Democratic nominee in the next ensuing election.

Name:	
Address:	
City/State/Zip:	
Work Phone:	Home Phone:
Cell Phone:	Fax:
Email (Non-government):	
Congressional District:	
Precinct:	
City or County:	
Job Title:	
Employer & City of Primary Employment:	
New Membership	Renewing Membership

You do NOT have to already be a member of the Central Committee to be member of the Women's Caucus.

Signature _____ Date _____

Make check for \$10 (Membership Fee for two years) payable to the Virginia Democratic Women's Caucus. Mail your check to: Mattie Urquhart, VADWC Treasurer, 31319 Charles Street, Franklin, VA 23851

Membership Dues can be paid via ActBlue
<https://secure.actblue.com/contribute/page/vadwcmemb/>

Paid for and Authorized by the Virginia Democratic Women's Caucus