



CUYAHOGA DEMOCRATIC WOMEN'S CAUCUS
 www.CuyahogaDWC.org

MEMBERSHIP FORM

PLEASE PRINT CLEARLY

Date	
Full Name	
Address	<i>(Please include: Street, City, State, Zip)</i>
Phone – Circle one: Home / Work / Cell	<i>(Please include area code)</i>
Email	
Occupation/ Title/Employer	<i>(Please include – we need this information for reporting purposes)</i>

- Yes! Sign me up as a member of the CDWC!**
 Here is my check for \$40 (\$20/student): Check # _____
- I paid for my new membership online via credit card.**
- I am already a member. Here is my \$40 renewal check (\$20/student): Check # _____**
- I paid for my membership renewal online via credit card.**
- My check includes a donation to the CDWC: \$25 \$50 \$75 Other \$ _____**
- I donated to the CDWC online: \$25 \$50 \$75 Other \$ _____**

Total enclosed \$ _____ (if paying by check, please make it payable to *Cuyahoga DWC*)

THANK YOU! Please return this form to:
Cuyahoga Democratic Women's Caucus, P.O. Box 6143, Cleveland, OH 44101

CDWC donations and memberships are not tax-deductible, but they are crucial to supporting our efforts to mobilize women to engage in the political process and run for office at every level of government.