

# CUYAHOGA DEMOCRATIC WOMEN'S CAUCUS

www.CuyahogaDWC.org

## MEMBERSHIP FORM

PLEASE PRINT CLEARLY

<b>Full Name</b>	
<b>Address</b>	<i>(Please include: Street, City, State, Zip)</i>
<b>Phone – Circle one: Home / Work / Cell</b>	<i>(Please include area code)</i>
<b>Email</b>	
<b>Occupation/ Title/Employer</b>	

- Yes! Sign me up as a member of the Cuyahoga DWC!**  
Here is my payment of \$35 (\$20/student).
- I am already a member. Here is my \$35 renewal (\$20/student).**
- I would also like to donate to the CDWC:** \$50 \$100 \$200 Other \$\_\_\_\_\_

Total enclosed \$\_\_\_\_\_ (check payable to *Cuyahoga DWC*)

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