



Calvert County Democratic Women's Club

Referred by: _____



Membership Application

Name: _____

Day of Birth (not year): _____

Mailing Address: _____

Annual Dues are \$25 (but if not able to pay this, another amount may be paid) & mail to :

Margaret H. Phipps
7445 Briscoe Turn Road
Owings, MD 20736

Make checks payable to CCDWC

Email Address: _____

Phone Numbers: _____

Committees and volunteer positions in which you are interested (please check):

Current Committees which you are serving upon with Club: _____

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Activism | <input type="checkbox"/> By-Laws |
| <input type="checkbox"/> Youth Action | <input type="checkbox"/> Scholarship |
| <input type="checkbox"/> Social Media | <input type="checkbox"/> Volunteer office worker |
| <input type="checkbox"/> Sunshine | <input type="checkbox"/> Planting signs |
| <input type="checkbox"/> Program | For Election Day: |
| <input type="checkbox"/> Auditing | <input type="checkbox"/> Precinct Chairpersons |
| <input type="checkbox"/> Legislation | <input type="checkbox"/> Food delivery |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Office manning |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Lawyer on call |
| <input type="checkbox"/> Hospitality | <input type="checkbox"/> Working at each polling place |
| <input type="checkbox"/> Publicity | <input type="checkbox"/> Driving voters to polls to vote. |

If you own, operate or are employed at a business that maintains the values and beliefs of the Democratic Club, let us know so that it may be shared: Name of business: _____;

Type of business: _____; Phone No: _____;

Address: _____.