

MEMBERSHIP FORM

Name:	Date:		
Street Address:	City:	State:	Zip:
Cell/Mobile Phone:	Secondary Phone:		
Email:			
May we include the above informat	ion in the roster distributed o	only to members?	YesNo
Birthday (mo./day/year)/	/ How did you he	ear about FDW? _	
Annua	l Membership Dues a	nd Benefits	
Supe	Dues \$60 per year er Seniors 80+ Free Member	rship	
Members will receive regular email information on volunteer opportun			
Total Amount Paid:	Date paid:	Chec	ek No.:
Membership Type: Reg	gularAffiliate		
Please mail your completed	d membership form wi	th check payal	ble to FDW:

Fayette Democratic Women

P.O. Box 142951 Fayetteville, GA 30214

Website: www.fayettedemocraticwomen.org **Email:** info@fayettedemocraticwomen.com

THANK YOU for joining Fayette Democratic Women!