

CUYAHOGA DEMOCRATIC WOMEN'S CAUCUS
www.CuyahogaDWC.org

MEMBERSHIP FORM

PLEASE PRINT CLEARLY

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	

- Yes! Sign me up as a member of the Cuyahoga DWC. Here is my payment of \$20.
- I am already a member. Here is my \$20 renewal.
- 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, 1466 St. Clair Avenue, Cleveland, OH 44114