



Democratic Women's Club of Martin County Membership Application

New Member

Renewal

Name: _____

Street Address: _____

City/State/Zip Code: _____

E-mail address: _____

Preferred Phone Number: _____ - _____ - _____

Date: _____

Annual dues: \$30. Pay by check or online.

If paying by check, make check payable to DWCMC. Mail it along with this application to:

**DWCMC
P.O. Box 1497
Stuart, FL 34995
Attn: Donna Hamilton**

**If paying online, go to our webpage at
<https://www.martincountydemocrats.org/dwcmc> and click on the
“Click here to pay online” link. Mail in your completed application
form and mark here that you paid online.**