



2016 Membership Application

*NAME _____

*ADDRESS _____

*CITY _____ STATE _____ ZIP _____

E-MAIL _____

HOME PHONE _____ WORK PHONE _____

CELL PHONE _____ BIRTHDATE (optional) _____

*EMPLOYER _____

*OCCUPATION _____

PRECINCT: _____ ELECTED OFFICES YOU HOLD _____

VERIFICATION

* Required fields. By my signature below, I certify I am a Democrat who supports the increased political activity and influence of Democratic women in Texas politics and government, I am over 18 years of age, and I am a U.S. Citizen or a permanent resident.

Signature _____ Date _____

SUPPORT LEVEL: \$30 \$60 \$120 Other \$ _____

STUDENTS: \$20 Name of School: _____

Date Dues Paid: _____

Make checks payable to WOW Dems.

Mail to Sharon Hager, 1712 Danube Lane, Plano, TX 75075

Or register online at <https://secure.actblue.com/contribute/page/joinwowdems>

** Please charge to my credit card a donation to WOW Dems for \$ _____

VISA Mastercard American Express Discover

Credit Card Number: _____ Exp. Date: _____

Name on credit card (if different from above) _____

Billing address (if different from above) _____

**Your credit card donation will be processed through the secured ActBlue website. Then, information will be shredded or redacted.