

WOMAN'S NATIONAL DEMOCRATIC CLUB

1526 New Hampshire Avenue, N.W.

Washington, D.C. 20036

(202) 232-7363 ♦ fax (202) 986-2791 ♦ email info@democraticwoman.org

www.democraticwoman.org

APPLICATION FOR MEMBERSHIP

Please print clearly and complete all lines.

1. NAME

A. Applicant _____
Last First M.I. Miss, Ms., Mrs., Dr., Mr.

2. ADDRESS

A. Home Address _____
Street Telephone

Cell Phone

City State ZIP Email

B. Business Address _____
Street Telephone

Cell Phone

City State ZIP Email

C. For club mailings, listings, etc. I wish to use my home address _____ business address _____.

3. BIOGRAPHICAL DATA

A. Colleges/Universities Attended: _____ Degrees Earned: _____

B. Volunteer/Political Activities: _____

C. Professional Experience (Current or Previous Position): _____

D. How did you hear about the club? _____

E. Member who referred you to the club, if applicable? _____

F. General Interests in the club:

Speaker Programs Social activities/receptions/cocktail hour events Community outreach
 Networking Historic Preservation of the Whittemore House Other

G. Event Time Preference: Morning/Breakfast Afternoon/Lunch Evening/Dinner

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CANDIDATE STATEMENT

I support and adhere to the principles of the Democratic Party and wish to be considered for membership in the Woman's National Democratic Club (WNDC) for the membership category indicated above. I understand that my membership is contingent upon review and recommendation by the WNDC membership committee and final approval by the Governing Board. (The Governing Board meets the third week of each month. The VP for Membership notifies applicants of their status after this meeting.)

SIGNATURE _____ DATE _____

Enclosed is the initiation/reinstatement/application fee and at least the first months dues. I understand that upon acceptance of this application, I will be billed for dues for the current year on a pro-rated basis. In future years I prefer to be billed _____ annually or _____ monthly.

****Required**

Acceptance of this application requires a Visa, MasterCard or Discover card.

I agree that my credit card will be charged for any fees that I have acquired for goods or services that are over ninety (90) days delinquent.

Account Number _____ Expiration Date ____/____ Billing Zip Code _____

Signature as it appears on the card _____

Please be advised that membership dues will be automatically deducted from the above stated credit card number. By signing this notice, you agree that monthly dues will be deducted in the amount of \$_____ until payment is secured in full. Payment of dues must be made each month and is not contingent upon active membership in the WNDC. Any such action by the member to cancel deductions will be considered a default of membership. The WNDC reserves the right to collect payment in full.

A check for \$_____ is enclosed. Please bill my Visa _____ or MasterCard _____ or Discover card _____ for \$_____

SIGNATURE _____ DATE _____