



Membership Form 2024

Full Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

Mobile Phone #: _____ Home Phone #: _____

Email: _____

Job Title / Profession: _____

Employer's Name: _____

◆ Membership dues are \$10 per member per year. **Please make checks payable to DWCC.** Or pay through **ActBlue** here: <https://secure.actblue.com/donate/dwcc-general-fund>.

◆ Campaign finance law prohibits DWCC from accepting contributions greater than \$50.00 in cash. Contributions greater than \$50.00 must be made by check, money order, or ActBlue.

◆ We are required by the North Carolina State Board of Elections to report to them all information collected above, except for email address, for every donation made to the Democratic Women of Cleveland County.

◆ Campaign finance law prohibits DWCC from accepting contributions from any of the following: political party committees not registered in North Carolina, corporations, business entities, labor unions, professional associations, or insurance companies. Further, anonymous contributions are not allowed (such as might occur during pass-the-hat fundraising).

Return this form to: CCDP, PO Box 334, Shelby, NC 28151

→ **SPONSOR:** _____ **AMT PD:** _____

CASH CHECK MONEY ORDER ACTBLUE