

Brunswick County Democratic Women
Membership Form

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Occupation*: _____

Employer*: _____

Registered Democrat? Y/N Precinct: _____

Areas of Interest/Expertise: _____

Interest in holding BCDW office? Y/N

Signature: _____ Date: _____

Mail this form and personal check for \$20 payable to BCDW to:

Jenine Flexner, Treasurer BCDW
1730 West Pelican Drive
Oak Island, NC 28465

*NC State Board of Elections requires us to collect information noted with an *.
If you are retired, please enter "retired" in employer and the line of work or
past employer for occupation.

Note: Meetings are held monthly on the 2nd Thursday at 5:30 pm at party
headquarters: 1420 Old Ocean Hwy, Bolivia, NC 28422