



United Democrats of Washington County

P.O. Box 186 Funkstown, MD

Membership Application and Donation Form

Date:	(If you are joining in the last three months	of the year, your membership is good for the	ne next year.)
Full Name:			
Address:			
City:	State:	Zipcode:	
Phone: (Cell)	(Work)	(Home)	
Email:		_	
Registered Democrat	County Registered in	Birthdate:	*
Signature of A	Applicant or Donor	-	
_	r of the United Democrats of Wash		
			\$
Enclosed is my \$10 annual membership fee for Young Dem/Student (under age 29) \$			\$
Enclosed is my \$20 fee for out-of-county non-voting membership \$			\$
I would like to make a donation to the United Democrats of Washington County \$			\$
Cash	Check	# Total \$	
(Contributions to th	e United Democrats of Washington	n County, MD are not tax-deduct	ible.)
	If paying by check, please mak	ce the check out to	
	UDWC		
	And return your pay		
	United Democrats of Washin	· ,	
	c/o Barb Neiman, T P.O. 186	reasurer	
	F.O. 186 Funkstown, MD 217	/ 2 /1_0186	
• Birth	ndates are necessary to check for y		
	•		
Receipt of membership fe	e or donation in the amount of \$_		
Received and recorded by	′		
Applicant voter registration			
Date: Date received by Treasurer			