



**JACKSON COUNTY DEMOCRATIC WOMEN'S CAUCUS
MEMBERSHIP FORM**

NAME: _____

ADDRESS: _____

CITY, STATE & ZIP: _____

PHONE: _____

EMAIL: _____

I HAVE ENCLOSED A CHECK FOR

- \$10 (REGULAR)**
- \$25 (SUPPORTIVE)**

(PLEASE MAKE YOUR CHECK OUT TO THE JACKSON COUNTY DEMOCRATIC WOMEN'S CAUCUS.)

MAIL OR DELIVER TO:

**JACKSON COUNTY DEMOCRATIC WOMEN'S CAUCUS
218 S. MECHANIC ST.
JACKSON, MI 49201**