INDEPENDENT WOMEN'S ORGANIZATION / ESTABLISHED 1939

A DEMOCRATIC WOMEN'S POLITICAL ORGANIZATION

2017 IWO MEMBERHIP FORM

PLEASE PROVIDE THE FOLLOWING INFORMATION.

*Required information

You must support the Democratic Party agenda to be a member of IWO

*Name_____

*E-mail Address_____

*Phone #_____Cell Phone #_____

*Residence Address_____

*City, State, Zip_____

BUSINESS INFORMATION-You only need to list your business information if you want to

Business Name_____

Business Email_____

Business Phone_____

Web Address_____

Do you have the time to help us? YES NO

Is there a committee you would like to volunteer to help? Please check one

❑ Membership committee ❑ Program committee

Are you a member of the Democratic Party? (we are asking this so we know more about our members)

❑ YES ❑ NO

Do you consider yourself an independent ❑ YES ❑ NO

Requirements for membership

- **$35.00 to January 1, 2018**
- **You must support the Democratic Party agenda to be a member of IWO**

PLEASE MAIL OR EMAIL THIS INFORMATION WITH YOUR MEMBERSHIP DUES OF $35.00 per year. Please make the check your check out to IWO, and mail it to:

IWO
P.O. Box 51763
New Orleans, LA 70151

You may also go to the IWO website and sign up there with a credit card.

Go to www.iwoneworleans.org

If you need any further information about your membership please contact.

Margaret Walker 773-354-6366 MargaretaWalker14@gmail.com

Do you have a friend who might be interested in joining IWO, would you like us to contact them? If so let us know.

Name_____

Email Address Phone #