



INDEPENDENT WOMEN'S ORGANIZATION / ESTABLISHED 1939
A DEMOCRATIC WOMEN'S POLITICAL ORGANIZATION

2016 IWO MEMBERSHIP 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-Optional

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

- **Payment of annual dues and**
- **You must support the Democratic Party agenda to be a member of IWO**

PLEASE MAIL OR EMAIL THIS INFORMATION WITH YOUR MEMBERSHIP DUES:

Please make the check your \$35.00 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.iwoneorleans.org

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 # _____