Tewksbury Democratic Town Committee

Associate Member Form

I hereby apply for ASSOCIATE MEMBERSHIP to the Democratic Town Committee of Tewksbury, Mass. Please bring the completed form to a meeting or send to tewksburydems@gmail.com.

_____
Signature of Applicant

_____
Date of Election (leave blank)

Name: _____ Date: _____

Address: _____

Phones: Home _____ Cell _____

Email: _____

Occupation: _____

Positions/Affiliations: _____

_____

Areas of Interest:

_____ Party organization

_____ Local Issues

_____ State Issues

_____ Regional Issues

_____ Democratic Outreach

_____ Young Democrats

_____ National Issues

_____ Other

Comments: _____

_____