



## 2026 MEMBERSHIP APPLICATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Mobile: \_\_\_\_\_ Home: \_\_\_\_\_

Email: \_\_\_\_\_

What Month/Day were you born: \_\_\_\_\_

Committee Interests:    Public Relations/Media    Membership    Event Planning  
Candidate Action    Fundraising

**Basic \$30** \_\_\_\_\_

Please support our mission with an additional donation \_\_\_\_\_

Dues apply for each fiscal year, January 1 through December 31

Make Checks Payable to: Kane County Democratic Women of Illinois

Mail your check and application to: PO Box 1193, St. Charles, IL 60174

Or pay via Act Blue: <https://secure.actblue.com/donate/members026>



If you would like to give a monthly donation to benefit our fundraising efforts on behalf of our member/candidates, please go to: <https://secure.actblue.com/donate/ourwork>

Thank you in advance for supporting our Democratic member/candidates!