

Membership Application & Donation Form

I WISH TO BECOME A MEMBER OF THE **mwc****dc**! *(Please check one.)*

- \$3 Senior/Student
 \$5 Individual
 \$10 Business
 \$7 Household

MY FISCAL YEAR 2006 CONTRIBUTION TOWARD THE SUPPORT OF THE **mwc****dc** WILL INCLUDE:

_____ \$10
 _____ \$25
 _____ \$50
 _____ \$100
 _____ Other

PAYMENT OPTIONS:

- Check enclosed
 Send me a quarterly reminder
 MasterCard
 Visa

Credit Card #: _____ Exp. date _____ CID* *(required)* _____

BILLING INFO: *(Please verify info is complete and accurate.)*

Name *(exactly as it appears on card):*

Billing address:

City, state, zip:

CONTACT INFO: *(Complete info required for MWDC voting membership.)*

Name:

Address:

Phone Number:

Email:

**The CID is a three digit # located on the back of your credit card on the signature strip.
 It is used for additional security purposes on all credit card transactions.*