



2025 MEMBERSHIP APPLICATION

Name: _____

Address: _____

City: _____ Zip _____

Phone: Mobile: _____ Home: _____

Email: _____

What Month/Day of your birthday: _____

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

Basic \$30 _____

Please support our mission with an additional donation _____

KCDW Lapel Pin \$10: _____ (see Lois Swatscheno at a meeting to receive pin)

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/members025>



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/ourwork022>

Please refer to our website, kcdwomen.com, for important information regarding candidate assistance in an election cycle.

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