

Tewksbury Democratic Town Committee

Associate Member Form

I hereby apply for ASSOCIATE MEMBERSHIP to the Democratic Town Committee of Tewksbury, Massachusetts.

Signature of Applicant

Date of Election

Name: _____ Date: _____

Address: _____

Phones: Home _____ Cell _____

Email: _____

Occupation: _____

Positions/Affiliations: _____

Areas of Interest:

<input type="checkbox"/> Party organization	<input type="checkbox"/> Democratic Outreach
<input type="checkbox"/> Local Issues	<input type="checkbox"/> Young Democrats
<input type="checkbox"/> State Issues	<input type="checkbox"/> National Issues
<input type="checkbox"/> Regional Issues	<input type="checkbox"/> Other

Comments: _____