

# 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:

\_\_\_\_\_ Party organization

\_\_\_\_\_ Democratic Outreach

\_\_\_\_\_ Local Issues

\_\_\_\_\_ Young Democrats

\_\_\_\_\_ State Issues

\_\_\_\_\_ National Issues

\_\_\_\_\_ Regional Issues

\_\_\_\_\_ Other

Comments: \_\_\_\_\_