



AFDW Membership Application/Renewal Form 2011

Mail this form and \$10 membership dues to:

Pam Wallace
24854 Woodmont Way
Athens, AL 35613

Please print clearly

First Name _____ Last Name _____

Street Address _____

City _____ State _____ Zip Code _____

Phone 1 _____ Phone 2 _____

Email _____

County _____

AL House District # and House Member's Name _____

AL Senate District # and Senate Member's Name _____

U.S. House District # and U.S. House Member's Name _____

- General Membership \$10
 Supporting Membership \$100
 Sustaining Membership \$500
 Other Amount _____