



Return completed:
Washington County Democrats
PO Box 864 | Fayetteville, AR 72702
For any questions, call Elizabeth Prenger at
501.804.6662

Membership Scholarship Application

Applicant Information

Full Name: _____

Gender: _____ Date of Birth (MM/DD/YYYY): _____

Voting Address: _____

Email: _____

Preferred Phone: _____

Criteria met for Membership Scholarship (check all that apply):

- Over the age of 65
- High School Student
- College student
- Unable to afford the joining fee of \$30 for the two-year membership

Reason for joining WCD:

I request that the Washington County Democratic Central Committee place my name as a member of the county committee. As a member, I agree to abide by the rules of said committee and support the Principles of the Democratic Party. I am eligible and legally qualified to file for membership under the Rules of the Democratic Party of Arkansas.

Signature and Date

Signature: _____ Date: _____