

**CHESAPEAKE DEMOCRATIC COMMITTEE
MEMBERSHIP APPLICATION- 2017**

Name: _____

Address: _____ Zip _____

Home Phone: _____ Cell Phone: _____

Please put an *beside the phone number you prefer to be called at first.

E-Mail address you want us to use: _____

Voting Precinct of Residence: _____

Date of Birth (Month & Day) _____

Veteran () YES () NO Branch of Service: _____

Occupation: _____

Employer: _____

City/State of Employment: _____

Prior Democratic Activities: _____

By applying for Membership, I agree to perform various political activities to support the Chesapeake Democratic Committee and elect Democrats at the local, state, and national levels. These activities include, but are not limited to, the following:

1. Regular attendance at monthly Chesapeake Democratic Committee meetings.
2. Assisting in fundraising for the Chesapeake Democratic Committee and Democratic candidates.
3. Participation in grassroots precinct activities, such as: telephoning, distributing literature, door-to-door canvassing, working at polls on election days, and volunteering at the local headquarters.
4. Adherence to the By-laws of the Chesapeake Democratic Committee

The Chesapeake Democratic Committee recognizes that people are competent at and enjoy different types of activities. Members are encouraged to assist with those activities at which they excel and find fulfilling, with the understanding that all Members contribute their fair share toward electing Democratic candidates. Please check the appropriate boxes to indicate your areas of special interest.

- () Post signs in community () Canvass door to door () Work at polls
() Post signs at my house () Literature drop () Drive voters to polls
() Make phone calls () Work at festivals/events () Work in Office (HRS: _____)

I, _____, a resident of the City of Chesapeake, Virginia, do hereby declare myself a candidate for Membership in the Chesapeake Democratic Committee. I will not support a candidate opposed to any candidate nominated or endorsed by the Democratic Party during my tenure on the Chesapeake Democratic Committee.

Date: _____ Applicant's Signature _____

DUES: \$25 PAID: _____ Check #: _____ Cash: _____

Submit application to: Chesapeake Democratic Committee, Membership; P O Box 2691; Chesapeake VA 23327 or at the CDC meeting. The CDC request voluntary annual dues of \$25 per year to offset operational costs. Applicants may request a dues waiver by certifying, in writing or via email, to the Vice Chair for Finance and Administration that such payment would be a financial hardship.