

SPOTSYLVANIA COUNTY DEMOCRATIC COMMITTEE (SCDC)
Application for 2018 - 2019 Term - MEMBER

Name: _____

Address: _____ Zip: _____

Primary Phone: _____ Alternate Phone: _____

E-Mail address you want us to use: _____

Occupation: _____

Name of Employer: _____

City/State of Employment: _____

Precinct of Residence: _____

Prior Democratic Activities: _____

By applying for **Membership**, I agree to perform various political activities to support the Spotsylvania County 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 Spotsylvania County Democratic Committee meetings.
2. Assisting in fundraising for the Spotsylvania County 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 Spotsylvania County Democratic Committee.

The Spotsylvania County 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:

- | | | |
|--|---|---|
| <input type="checkbox"/> Post signs | <input type="checkbox"/> Canvass door to door | <input type="checkbox"/> Work at polls |
| <input type="checkbox"/> Post sign at my house | <input type="checkbox"/> Literature drop | <input type="checkbox"/> Drive to polls |
| <input type="checkbox"/> Make phone calls | <input type="checkbox"/> Work at festivals | <input type="checkbox"/> Work in office (day___ evening___) |

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

Date: _____ **Applicant's Signature:** _____

Submit application to: the Spotsylvania County Democratic Committee, P.O. Box 1231, Spotsylvania, VA 22553-1231. Questions: Telephone (540) 898-3749. E-Mail SpotsylvaniaDemocrats@yahoo.com. The SCDC Requests voluntary annual dues of \$25 per year to offset operational costs. Applicants may avoid paying dues by certifying in writing or via E-Mail, to the SCDC Chair, that such payments would be a financial hardship.