

SPOTSYLVANIA COUNTY DEMOCRATIC COMMITTEE
P.O. BOX 1231
SPOTSYLVANIA, VA 22553-1231

DECLARATION OF CANDIDACY FOR MEMBERSHIP

I, _____, a resident of the _____ District of Spotsylvania County, Virginia declare myself to be a candidate for membership on the Spotsylvania County Democratic Committee from the _____ precinct, subject to election at a Spotsylvania Democratic Caucus or convention or by the Spotsylvania County Democratic Committee meeting held on the ____ day of _____. In so doing, I affirm that I am a registered voter in Spotsylvania County, I am a Democrat, I believe in the principles of the Democratic Party. I do not intend to support any candidate opposed to a Democratic nominee in the next ensuing election.

Check only one: Active (Voting) Associate (Inactive)

(Active members are those who plan to regularly attend meetings and vote. Associate members are non-voting members who wish to support the SCDC with their membership fee but do not plan to attend regularly. Associate (Inactive) members are not counted against the number needed to have a quorum required to conduct business)

Check here if you are a full time student (membership fee is waived) _____

Given under my hand this ____ day of _____, _____.

Signature

Street Address

City, Town, Zip Code

E-mail

Fax

Yearly Dues: \$25.00 Payable to Spotsylvania County Democratic Committee