SAMPLE Membership Filing Form: [Committee Name]

This form is for individuals interested in becoming a member of the [County/City] Democratic Committee. In applying for membership I affirm that:

- I am a Democrat.
- I am a registered voter in [City/County], VA.
- I believe in the principles of the Democratic Party.
- I do not intend to support any candidate who is opposed to a Democratic nominee in the next ensuing elections.

PLEASE PRINT:

- NAME_____
  _____
- ADDRESS_____
  _____
- CITY_____STATE_____ZIP_____
  _____
- MAILING ADDRESS (if different)_____
- PHONE (H)_____(W)_____(C)_____
  _____
- E-MAIL_____
  _____
- CONGRESSIONAL DISTRICT_____ VA SENATE DISTRICT_____
- VA DELEGATE DISTRICT _____ VOTING PRECINCT _____

Committee Engagement

- What specific areas or subcommittees are you interested in participating in?
  - ☐ Campaigns & Elections
  - ☐ Communications
  - ☐ Fundraising
  - ☐ Events & Outreach

- ☐ Candidate Recruitment
- ☐ Membership Development
- ☐ Other (Please specify):

Signature and Date

I affirm that the information provided in this form is true and accurate to the best of my knowledge. I understand that my membership is subject to the bylaws of the [City/County] Local Democratic Committee [Link to Bylaws] [Link to Local Committee Website]

Print: _____

Signature: _____

Date:

For Committee Use Only

Date Received	Processed By	Membership Status	Notes
		Pending	