Washington County Virginia Democratic Committee
P.O. Box 1332 Abingdon, VA 24212

2027 Application for Membership

First and Last Name: _____

Address: _____

City, State, Zip: _____

Cell Phone: _____

Home Phone: _____

Email: _____

Federal and state election law requires us to collect the following information. Enter "retired" if that is correct:

Occupation_____

Employer: _____

Employer's City & State: _____

I, the undersigned, state that the information above is true and that:

1. I am registered to vote in the precinct serving the above address;
2. I am a Democrat;
3. I believe in the principles of the Democratic Party;
4. I will not **publicly** support any candidate for elective office who is opposed by a candidate nominated by the Democratic Party;

Signature: _____ Date: _____

There are two categories of membership, associate and regular. Privileges and responsibilities are similar except only regular members are allowed to vote at committee meetings. However regular members also are expected to attend all general Committee meetings so we can meet quorum requirements.

Check one box: I wish to be a

- ☐ Regular member;
- ☐ Associate member.

Check one box:

- ☐ Check for $25 dues enclosed w/ application, payable to Washington County Democratic Committee.
- ☐ Paid $25 by PayPal on website (www.washcovadems.org). Completed application scanned and emailed to washcovademocrats@gmail.org

Applications for membership will be voted on at the next general Committee meeting.