



APPLICATION FOR CDC MEMBERSHIP

True representation comes from building a Chesapeake Democratic Committee (CDC) that reflects the diversity of our community. We are looking for new members to share their skills and/or develop new ones by participating and working to elect more Democrats.

(1) Become a member of the CDC by completing the following information.

As a resident of Chesapeake, Virginia, I, _____ affirm by my signature below that I am registered to vote in the Precinct of _____ in which I reside, that I promise to support the ideals of the Democratic Party, and I hereby declare myself as a Candidate for Membership with the Chesapeake Democratic Committee (CDC) submitting my dues as instructed below.

Signature: _____ Date: _____

(2) Please complete the following information.

Street Address: _____ Zip code: _____

Home/Cell phone: _____ Email: _____

Please complete the following information required by the Virginia State Board of Elections.

Full Name of Employer: _____ Title of Position: _____

(3) Please submit your annual membership dues of \$25.00 with this application,

or mail form with check made out to: Chesapeake Democratic Committee
P.O. Box 2691
Chesapeake, Virginia 23327-2691

We are pleased you have decided to apply for membership with the Chesapeake Democratic Committee. Your application is subject to acceptance by the Chesapeake Democratic Committee.

Questions? CDC Website: <http://www.chesapeake democratic party.com>

CDC FB page <https://www.facebook.com/groups/264857041184/>

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To be completed by CDC

Dues Received: yes no Received by: _____ Notes: _____

Registration verified: _____ Precinct # _____ Poll: _____ Receipt # _____