

Declaration of Candidacy for Membership
on the Henrico County Democratic Committee
2008/2009

AFFIRMATION: I, _____, a resident of the _____

Precinct in the _____ Magisterial District of Henrico County, Virginia, declare myself to be a candidate for membership on the Henrico County Democratic Committee subject to election at the bi-annual Henrico County Democratic caucus or convention, or by the Henrico County Democratic Committee at a regular meeting.

In so doing, I affirm that I am registered to vote in the precinct in which I reside; that I believe in the principles of the Democratic party; that I am paying the required filing fee, and I agree to pay the annual membership fees as set by the Committee at or prior to the March business meeting of each year; and I intend to support all of the Democratic nominees in all general and special elections as long as I am a member of this Committee.

Given under my hand this _____ day of _____, 200__.

Signature

Residential Address:

Mailing Address (if different)

Street and Unit _____

City, State, Zip: _____

Phone #s:

Home [804]_____ Work [____] _____ Cell: [____] _____

E-mail address: _____

@_____

[HCDC information is primarily distributed by email]

The following information is required by the Campaign Financial Report provisions of Virginia Law as any payments made by you to HCDC, including dues, are reported to the State Board of Elections:

Retired Student Employed – if employed, please provide the following

Occupation: _____ Location of work (city/state) _____

Employer: _____

Notes:

- (1) Members of the State Central Committee, elected officials representing any part of Henrico County, and Democratic members of the Henrico County Electoral Board are automatically ex-officio members but may become a Regular (voting) member by paying the annual filing and membership fees.
- (2) In the event any person is financially unable to pay fees, such fee(s) will be waived provided that the person requests a waiver from the Chairman or designee(s).
- (3) All member contact information is forwarded to the State Party for use by the State Party

For HCDC use:

Membership Type: Regular / ___ / Supporting / ___ / Ex-Officio* / ___ / Date Enrolled _____

2008/09 Filing Fee: \$0.00

2008 Membership Fee of \$30.00: Paid on _____ by Check # _____ Cash - - r'cve by _____

2009 Membership Fee of \$30.00: Paid on _____ by Check # _____ Cash - - r'cve by _____