**Declaration of Candidacy Membership Henrico County Democratic Committee**

 **One-Year**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, declare myself to be a candidate for membership in the Henrico County Democratic Committee. I also declare that I believe in the principles of the Democratic Party and that I will not support any candidate opposed to any candidate nominated or supported by the Democratic Party as long as I am a member of the Committee.

**Residential Address:** **Mailing Address:** *(if different)*

Street and Unit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #s: H: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_ C: (\_\_\_\_) \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ @ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*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 \_\_\_Unemployed \_\_\_Employed – if employed, please provide the following:

Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of work (city/state): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ I am registered to vote in Henrico County in precinct \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Magisterial District \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ I am not registered to vote in Henrico, and I am applying as a Supportive Member

 City/County of Residence \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes:

* In the event any person is unable to pay dues, the dues may be waived if the person requests a waiver from the HCDC Chair or the Chair’s designee(s).
* All member contact information is forwarded to the Democratic Party of Virginia for use by the State Party.
* By signing this membership form, you understand and agree the Henrico County Democratic Committee is permitted to take photographs at events and publish them as appropriate without additional permission from those who may appear in the image*.*

\_\_ I only want my contact information used for communications within the Henrico County Democratic Committee.

*(initial)*

***Form Revised 10/2019***

**FOR HCDC USE ONLY**

**Membership Type:**

**\_\_\_ Regular \_\_\_ Supporting \_\_\_ Ex-Officio Date Enrolled: \_\_\_\_\_\_\_\_\_\_\_** *(voted in)*

**Interim Filing Fee: $30 Method:**  \_\_\_\_\_\_\_\_\_ **Grassroots Society (Sustainer)**

 **\_\_\_Check (# \_\_\_\_\_\_\_\_\_\_\_) \_\_\_\_Cash (rec’d by \_\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_ Online (ACTBLUE)**

 \_\_\_\_\_ **Waived (by** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Notes/Comments:

Authorized and Paid for by the Henrico County Democratic Committee ~ P. O. Box 70134, Henrico VA 23255