

Lancaster County Democratic Committee
Lancaster County, Virginia



APPLICATION FOR MEMBERSHIP
LANCASTER COUNTY DEMOCRATIC COMMITTEE
SEPTEMBER 1, 2014 THROUGH AUGUST 31, 2015 TERM
(Please Complete, Print, Sign, and Submit to LCDC)

| | | |
|------------------------|-------|---------|
| Name(s): | | |
| Address and PO Box: | | |
| City, State, ZIP: | | |
| Phones — Home: | Cell: | Office: |
| E-mail: | | |
| E-mail (Co-applicant): | | |

I am interested in being on the e-mail list only.

By applying for membership, I understand that I/we will be given the opportunity to perform various political activities relative to the Lancaster County Democratic Committee (LCDC) and will be a voting member of the Committee.

These activities will include, but not be limited to, participation in:

- Monthly meetings
- Political activities, which may include telephoning, distributing literature, working at the polls on election days and other similar tasks required of a successful party.

As registered voter(s) within the County of Lancaster, VA., I/we do hereby declare myself/ourselves a candidate for membership in the Lancaster County Democratic Committee.

Date: _____ Signature: _____

Date: _____ Signature: _____

Applications (with a \$25 per person or \$35 per couple check, payable to "LCDC") should be returned to:

Ella Davis, Treasurer, LCDC,
P.O. Box 318,
Kilmarnock, VA 22482