

Lancaster County Democratic Committee
Lancaster County, Virginia



APPLICATION FOR MEMBERSHIP
LANCASTER COUNTY DEMOCRATIC COMMITTEE
SEPTEMBER 1, 2015 THROUGH AUGUST 31, 2016 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