

*Lancaster County Democratic Committee*  
*Lancaster County, Virginia*



**APPLICATION FOR MEMBERSHIP**  
**LANCASTER COUNTY DEMOCRATIC COMMITTEE**  
**SEPTEMBER , 201 THROUGH O-h-U " -k' , 201 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**