

DEC Contact Information Form

**This form must be filled out to the best of your ability
and returned to the DEC office in order to confirm your status.**

NAME, First

Middle

Last

Precinct

Voter ID Number

Home Phone

Work Phone

Mobile Phone

Fax Number

Email Address

Registration Address

City

State

Zip

Mailing Address

City

State

Zip

Congress #

Senate #

House #

County #

School Board #

Gender (M/F)

Birthdate (mm/dd/year)

Race

Company Name

Job Title

Democratic Club Affiliations: (please list)

NOTES/Areas of Interests:

COUNTY DEMOCRATIC EXECUTIVE COMMITTEE

APPLICATION FOR MEMBERSHIP

Please Read Instructions First

1. Please print clearly.
2. You must fill in all blanks on both sides, an incomplete application will be returned to applicant.
3. The application must be submitted with a current copy of your voter's registration card (both sides).
4. This application must be notarized in two places by a notary public (1) at the bottom of the application and (2) the Loyalty Oath on page 2.

I hereby apply for membership in the Democratic Executive Committee of _____ County, Florida.

Full Name: _____ Precinct # _____

Home Address: _____

City _____ State _____ Zip _____

Home Phone _____ Work _____

Mobile _____ Fax _____

Email _____

Date of Birth _____ Race _____ Occupation _____

Districts: Congress _____ Senate _____ House _____ CC _____ SB _____

How long have you been a registered Democrat? _____

Please List Democratic Clubs are you involved in: _____

Why do you desire membership on the Democratic Executive Committee of _____ County, Florida?

The portion below must be notarized by a notary public

I affirm that all the information on this application is correct and accurate to the best of my knowledge.

Print Name

Signature of Applicant

Sworn and subscribed to me this _____ day of _____, 20 _____ in _____ County, Florida.

Signature of Officer Administering Oath

ENDORSEMENT

Please have an existing member of the potential member.

County Democratic Executive Committee endorse you as a

I, _____ of precinct number _____ Endorse the above applicant because

Signature of DEC Member Endorsing

LOYALTY OATH

Please insert your name, read the entire oath, and have it notarized by a notary public.

County of _____
State of Florida

I, _____ have been duly sworn, say that I am a member of the Democratic Party, that I am a qualified Elector of _____ County, Florida, that during my term in office, I will not support the election of the opponent of any Democratic nominee, I will not oppose the election of any Democratic nominee, nor will I support any non-Democrat against a Democrat in any election other than in judicial races; that I am qualified under the Constitution and Laws of the State of Florida and the Charter and the Bylaws of the Florida Democratic Party to hold the office I am seeking, or to which I have been elected; that I have not violated and will not violate any of the laws of the State of Florida relating to elections or the Charter and By-Laws of the Florida Democratic Party.

Signature of Applicant

This Oath has been sworn and subscribed to me this ____ day of _____, 20 ____ at _____ County, Florida.

Signature of Officer Administering Oath

Reminder: Loyalty Oaths must be Notarized by a notary public.

Please make sure you have:

_____ Filled in every blank.

_____ Your application in notarized in 2 places.

_____ You have had a DEC member endorse you as an applicant.

_____ Enclosed a copy of your voter's registration card (both sides).

Please return your original application to: