



MEMBERSHIP APPLICATION
TERM: January 2018 – December 2018

Name: _____

Address: _____ Zip: _____

Primary Phone: _____ Alternate Phone: _____

E-Mail address: _____

Occupation: _____

Name of Employer: _____

Please provide your precinct or voting location? _____

Please answer the following questions: Please leave blank if you are unsure of the answer

Who is your Congressional Representative? _____

Who is your State Senator? _____

Who is your State Delegate _____

By applying for **Membership**, I agree to perform various political activities to support the Hampton Democratic Committee and to elect Democrats at the local, state, and national levels. These activities include, but are not limited to, the following:

1. Regular attendance at monthly HDC meetings.
2. Assisting in fundraising for the HDC and Democratic candidates.
3. Participation in grassroots precinct activities, such as: telephoning, distributing literature, door-to-door canvassing, working at polls on election days, and volunteering at the local campaign headquarters.
4. Adherence to the By-laws of the HDC.
5. HDC encourages members to share their talents and serve on a committee.

PLEDGE: I, _____ a resident in the City of Hampton, Virginia, do hereby declare myself a candidate for **Membership** in the HDC. I will not support a candidate opposed to any candidate nominated or endorsed by the Democratic Party during my tenure on the HDC.

Date: _____ **Applicant's Signature:** _____

Annual Dues- \$25.00 (Additional Contributions to help HDC are always welcome\$ ___ \$35_)

Easy Payment please pay online - <http://www.actblue.com/page/joinhdc>

Authorized by the Hampton Democratic Committee