

ALEXANDRIA DEMOCRATIC COMMITTEE
Application for 2017 - 2019 Term - **MEMBER**

Name: _____

Address: _____ Zip: _____

Phone: Home _____ Cell _____ Work _____
Preferred: H C W

E-Mail address: _____

Occupation: _____

Name of Employer: _____

City/State of Employment: _____

Where Do You Vote? : _____

Prior Democratic Activities: _____

By applying for **Membership**, I agree to participate in various political activities of the Alexandria Democratic Committee (ADC) aimed at electing Democrats to local, state, and national office, including:

1. Regular attendance at monthly ADC meetings.
2. Assisting in fundraising for the ADC and Democratic candidates.
3. Participation in grassroots precinct activities, such as phone banking, distributing literature, door-to-door canvassing, working at polls on election days, and volunteering at the local headquarters.
4. Adherence to the By-laws of the ADC.

As the ADC is an all-volunteer group, the organization is completely reliant on its Members, Associates and volunteers to maintain its active role in Alexandria. Many functions are needed to ensure those associated with the ADC enjoy their experience. Please indicate below areas of the organization that you would be interested in participating as we seek to grow our organization and elect Democratic candidates (check as many as you like):

- | | | |
|---|--|--|
| <input type="checkbox"/> Resolutions | <input type="checkbox"/> Rules and Bylaws | <input type="checkbox"/> Administrative Operations |
| <input type="checkbox"/> Field Operations/Campaign Activities | <input type="checkbox"/> Outreach and Visibility | <input type="checkbox"/> Communications |
| <input type="checkbox"/> Social Activities/Event Planning | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Finance and Audit |

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

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

Submit application to the Alexandria Democratic Committee, 618 N. Washington St., Ground Floor, Suite 2, Alexandria, VA 22314. Questions: Telephone 703-549-3367, office@alexdem.org. The ADC requests voluntary annual dues of \$25 per year to offset operational costs. If a financial hardship exists and you require a waiver of the \$25 annual dues, please contact the Vice Chair for Finance and Administration prior to your application being processed for proper handling of the request.