2021 Democratic Party of Chatham County
Annual Membership Application Declaration

Print Clearly ● Missing Information Invalidates Application
(Email to ccdcgeorgia@gmail.com or give to a current Committee Member)

Full Voter Name: _____

Full Georgia Voter Registration Address: _____

_____

Email: _____ Telephone: _____

I, _____, am a resident and registered voter in Chatham County, Georgia, and I hereby make application to be a member of the Democratic Party of Chatham County.

_____ (Initial) I believe in the goals of the Democratic Party of Georgia.

_____ (Initial) I am not a member of any other political party or body (as defined in the Georgia Election Code).

_____ (Initial) I am not affiliated with any political group whose ideas, goals, and methods are incompatible with that of the Democratic Party of Georgia.

Pursuant to Bylaws 3.8 Dues shall be $25 per year. No member will be denied participation for failure to pay.

I attest this to be true and accurate.

_____

Print Name Signature Date

INTERNAL USE ONLY:	
County Commission District:	Received:
Polling Place Precinct:	Verified:
Voter File VANID:	Entered into Database:
Note:	By:

Chatham County Democratic Committee
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