

FIFTH CONGRESSIONAL DISTRICT COMMITTEE

MEMBERSHIP FILING FORM

Use this form to file to be a candidate for membership of the Fifth Congressional District Democratic Committee and the State Central Committee

I, the undersigned, hereby state that I: wish to be a candidate for election as a Fifth District Member of the Virginia Democratic Party State Central Committee; am a Democrat, am a registered voter in the precinct, city, or county listed below, that I believe in the principles of the Democratic Party, and I do not intend to support any candidate who is opposed to a Democratic nominee in the next ensuing election.

NAME	
ADDRESS	
CITY	ZIP
MAILING ADDRESS (if different)	
PHONE (Preferred)	PHONE (Other)
EMAIL	
CONGRESSIONAL DISTRICT - 5th	COUNTY OR CITY
PRECINCT/WARD	
Signature	Date

In addition to this declaration, please attach a paragraph that provides a brief personal biography of relevant experience and describes why you want to serve on the 5th Congressional District Democratic Committee.

Return by Email (preferred): chair@democratsva5.org

By Mail:

Suzanne Long, 5th CDDC Chair
PO Box 66
Leon, VA 22725

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Authorized and paid for by the Fifth Congressional District Democratic Committee