

Declaration of Candidacy for Membership
on the Henrico County Democratic Committee
2010/2011

AFFIRMATION: I, _____, a resident of the _____

Precinct in the _____ Magisterial District of Henrico County, Virginia, declare myself to be a candidate for membership on the Henrico County Democratic Committee subject to election at the bi-annual Henrico County Democratic caucus or convention, or by the Henrico County Democratic Committee at a regular meeting.

In so doing, I affirm that I am registered to vote in the precinct in which I reside; that I believe in the principles of the Democratic party; that I am paying the required filing fee, and I agree to pay the annual membership fees as set by the Committee at or prior to the March business meeting of each year; and I intend to support all of the Democratic nominees in all general and special elections as long as I am a member of this Committee.

Given under my hand this _____ day of _____, 20__.

Signature _____

<u>Residential Address:</u>	<u>Mailing Address</u> (if different)
Street and Unit _____	_____
City, State, Zip: _____	_____
Phone #s: Home [804]_____ Work [____] _____ Cell: [____] _____	
E-mail address: _____@_____	

[HCDC information is primarily distributed by email]

The following information is required by the Campaign Financial Report provisions of Virginia Law as any payments made by you to HCDC, including dues, are reported to the State Board of Elections:

Retired Student Employed – if employed, please provide the following

Occupation: _____ Location of work (city/state) _____

Employer: _____

Notes:

- (1) Members of the State Central Committee, elected officials representing any part of Henrico County, and Democratic members of the Henrico County Electoral Board are automatically ex-officio members but may become a Regular (voting) member by paying the annual filing and membership fees.
- (2) In the event any person is financially unable to pay fees, such fee(s) will be waived provided that the person requests a waiver from the Chairman or designee(s).
- (3) All member contact information is forwarded to the State Party for use by the State Party

For HCDC use:

Membership Type: Regular /___/ Supporting /___/ Ex-Officio* /___/ Date Enrolled _____

2010/11 Filing Fee: \$0.00

2010 Membership Fee of \$30.00: Paid on _____ by Check #____ Cash - - r'cve by _____

2011 Membership Fee of \$30.00: Paid on _____ by Check #____ Cash - - r'cve by _____

HCDC Participation Opportunities

There are many ways you can get involved with HCDC! Please take a few minutes to fill out the following survey so that we can learn more about your areas of interest. Be sure to check all boxes which apply. Thank you!



Henrico Committee Activities

- Magisterial District Activities and/or Precinct Activities
- Volunteer Recruitment
- Issue-Specific Letter-Writing/Phoning Campaigns
- Letters to the Editor
- Recruiting Candidates for Office
- Photographing Events/Meetings
- Event and Party Planning
- Welcome Committee
- Special Events Volunteer (i.e. Glen Allen Day, Memorial Day Parade, etc.)

Campaign Activities

- Door-to-door Canvassing
- Campaign Literature Distribution
- Voter Registration
- Mailing Campaigns including Absentee Ballot Mailing Campaign
- Fundraiser Hosting
- Campaign Sign Distribution and Placement
- Special Events Volunteer (i.e. State Fair, Strawberry Festival, etc.)
- Attendance at Rallies

Get Out the Vote (GOTV) Activities

- Poll Watcher
- Poll Worker - (put out campaign signs at polling places, greet voters, provide literature)
- Election Day Transportation
- Election Day Planning & Organization

Areas of Expertise

Our members are a talented and diverse group. Please tell us about your professional expertise or volunteer experiences.

Availability

I am available on the following:

- | | | | |
|------------|----------------------------------|------------------------------------|----------------------------------|
| Monday: | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| Tuesday: | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| Wednesday: | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| Thursday: | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| Friday: | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| Saturday: | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| Sunday: | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |

Contact Information *(Please print)*

Name _____ Email Address _____

Daytime Phone _____ Evening Phone _____

Other Networks/Organizational Affiliations _____