



Declaration of Candidacy for Membership in the Suffolk Democratic Committee

I, _____ a resident of the precinct of _____ in the city of Suffolk, Virginia, declare myself to be a candidate for membership on the Suffolk Democratic Committee (SDC). I affirm that I am registered to vote in the precinct in which I reside and that I believe in the principles of the Democratic Party.

Mailing Address: _____

Phone 1 Number _____ Type _____ Phone 2 _____ / _____

Email _____

Signature _____

This Application can be found on our website: <https://sdcvirginia.org/membership-form>

Membership is subject to approval by the SDC membership committee and election by the Suffolk Democratic Committee.

Your membership fee (\$25.00) must be submitted with this application.

This form along with dues payment should be mailed to:

The Suffolk Democratic Committee
Post Office Box 3458 Suffolk, Virginia 23439-3458

Make checks payable to the Suffolk Democratic Committee.

Note: Members are expected to serve on at least one sub-committee within the SDC

For Membership Committee Use Only

Dues Received ___ Date _____ Membership Type _____ Approved ___