

**Portsmouth Democratic Committee
P.O. Box 783
Portsmouth, VA 23705**

Associate Membership Application

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____ Business Phone: _____

By my application for membership to The Portsmouth Democratic Committee, I commit myself to support the Democratic Party of Virginia, and The Portsmouth Democratic Committee, in the following ways:

1. By regularly attending meetings of The Portsmouth Democratic Committee.
2. By assisting and supporting Democratic candidates and their issues.
3. By adhering to the by-laws of the Portsmouth Democratic Committee and the Virginia Democratic Party.
4. By offering Democratic leadership in the community and by voting for Democratic candidates and initiatives and by encouraging the support for these by my family, friends, and neighbors.

I certify that I will not oppose any candidate who is nominated or endorsed by the Portsmouth Democratic Committee or by the Democratic Party of Virginia during my term of membership. I understand that dues are Ten Dollars (\$10.00) per year.

I further understand that if I am not reasonably able to pay these dues, they may be waived by application to the Committee Chair.

Signature

Date

Member Approval Date _____ **Secretary Initials** _____