

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

**Membership Application**

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: Portsmouth State: Virginia 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 am duty registered voter in the City of Portsmouth in Precinct \_\_\_\_\_ and 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 Twenty Dollars (\$20.00) per year for individual membership and Thirty Dollars per year for family membership.

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** \_\_\_\_\_