

DEC Contact Information Form

**This form must be filled out to the best of your ability
and returned to the DEC office in order to confirm your status.**

NAME, First	Middle	Last
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Precinct	Voter ID Number
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Home Phone	Work Phone	Mobile Phone
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Fax Number	Email Address
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Registration Address	City	State	Zip
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Mailing Address	City	State	Zip
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Congress #	Senate #	House #	County #	School Board #
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Gender (M/F)	Birthdate (mm/dd/year)	Race
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Company Name	Job Title
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Democratic Club Affiliations: (please list)

NOTES/Areas of Interests:

BROWARD COUNTY DEMOCRATIC EXECUTIVE COMMITTEE

8320 W SUNRISE BLVD, SUITE 203, PLANTATION, FL 33322

Phone: (954) 423-2200 ~ Fax: (954) 423-2204

Email: info@browarddemocrats.org ~ Website: www.browarddemocrats.org

APPLICATION FOR MEMBERSHIP

Please Read Instructions First

1. Please print clearly.
2. You must fill in all blanks on both sides, an incomplete application will be returned to applicant.
3. The application must be submitted with a current copy of your voter's registration card (both sides).
4. This application must be notarized in two places by a notary public (1) at the bottom of the application and (2) the Loyalty Oath on page 2.

I hereby apply for membership in the Democratic Executive Committee of Broward County, Florida.

Full Name: _____ Precinct # _____

Home Address: _____

City _____ State _____ Zip _____

Home Phone _____ Work _____

Mobile _____ Fax _____

Email _____

Date of Birth _____ Race _____ Occupation _____

Districts: Congress _____ Senate _____ House _____ CC _____ SB _____

How long have you been a registered Democrat? _____

Please List Democratic Clubs are you involved in: _____

Why do you desire membership on the Democratic Executive Committee of Broward County, Florida?

The portion below must be notarized by a notary public

I affirm that all the information on this application is correct and accurate to the best of my knowledge.

Print Name

Signature of Applicant

Sworn and subscribed to me this _____ day of _____, 20 _____ in Broward County, Florida.

Signature of Officer Administering Oath

ENDORSEMENT

Please have an existing member of the Broward County Democratic Executive Committee endorse you as a potential member.

I, _____ of precinct number _____ Endorse the above applicant because

Signature of DEC Member Endorsing

LOYALTY OATH

Please insert your name, read the entire oath, and have it notarized by a notary public.

County of Broward
State of Florida

I, _____ have been duly sworn, say that I am a member of the Democratic Party, that I am a qualified Elector of Broward County, Florida, that during my term in office, I will not support the election of the opponent of any Democratic nominee, I will not oppose the election of any Democratic nominee, nor will I support any non-Democrat against a Democrat in any election other than in judicial races; that I am qualified under the Constitution and Laws of the State of Florida and the Charter and the Bylaws of the Florida Democratic Party to hold the office I am seeking, or to which I have been elected; that I have not violated and will not violate any of the laws of the State of Florida relating to elections or the Charter and By-Laws of the Florida Democratic Party.

Signature of Applicant

This Oath has been sworn and subscribed to me this ___ day of _____, 20 ___ at Broward County, Florida.

Signature of Officer Administering Oath

Reminder: Loyalty Oaths must be Notarized by a notary public.

Please make sure you have:

_____ Filled in every blank.

_____ Your application in notarized in 2 places.

_____ You have had a DEC member endorse you as an applicant.

_____ Enclosed a copy of your voter's registration card (both sides).

Please return your original application to: Broward County Democratic Party
8320 W Sunrise Blvd, Suite 203
Plantation, FL 33322

(954) 423-2200

If office is closed, place application in the door mail slot.