

DEMOCRATIC PARTY OF LEE COUNTY (EXECUTIVE COMMITTEE)

*****APPLICATION FOR APPOINTMENT AS
PRECINCT COMMITTEEMAN/COMMITTEEWOMAN*****

Date: _____ Applicant's Precinct: _____

Applicant's Voter Registration Number: _____

To: Chair, Credentials Committee

From: _____
Applicant's Name (Same as Voter Registration) Home Phone No.

Address: _____

Street Number and Name City Zip Code E-mail Address

Age: _____ Health: _____ Marital Status: _____

Occupation: _____ Employer: _____

Business Address: Street Number and Name City Zip Code

Civic, Social & Political Clubs: _____

Brief Resume of All Political Activities: _____

Remarks: _____

Signature: X _____ Date: _____

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CREDENTIALS COMMITTEE USE ONLY:

Recommended by: _____ Date: _____

Action by District Credentials Coordinator: _____

Name of Coordinator: _____ Date: _____

Action by Credential Committee: Qualification checked: ___ Yes ___ No

Date: First Reading: _____ Second Reading: _____

Action by Executive Committee: Moved by: _____

___ Approved ___ Not Approved Date: _____

*** Appointments are limited in duration. See By-laws. Every four years committee people must run for election in Democratic Primary.

Florida Democratic Party

LOYALTY OATH

County of Lee, Florida

I, _____, having been duly sworn, say that I am a member of the Democratic Party, that I am a qualified elector of Lee County, Florida; that during my term of 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 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 any of the laws of the State of Florida relating to election or the Charter and Bylaws of the Florida Democratic Party.

Print Name

Signature

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ALL LOYALTY OATHS MUST BE SIGNED BY A NOTARY PUBLIC.

State of Florida, County of Lee

Sworn to and subscribed before me this _____ day of _____ 20____

by _____.

Signature of Notary Public – State of Florida

Personally Known ___ -OR- Produced Identification ___

Type of Identification Produced _____

Please return a completed application and, if possible, a notarized loyalty oath. If unable to get loyalty oath notarized, this form and a Notary will be available at a General Meeting at no expense to you.

Please mail application and notarized loyalty oath, if you have it, to:

**Democratic Party of Lee County
10051 McGregor Blvd., Suite 201
Ft. Myers, FL 33919**