

APPLICATION FOR MEMBERSHIP
Pinellas County Democratic Executive Committee

Applicants: Members follow the leadership of the Party and District Chairs working to support candidates and the party.

Complete all of the below:

Name:	Date of Birth:
Address:	
Apt./Unit #	
City: _____, FL	Zip _____
State House District:	Precinct:
Telephone: Home: _____	Cell: _____ Work: _____
Email (print): _____	
Personal Profile (must complete): Occupation/special skills and interests: [Please print legibly]	
Date of application: ____ / ____ / ____ Signature: _____ <small style="text-align: center;">(ensure signature is LEGIBLE)</small>	
By-law Definitions:	
<p>Section 1. Elected Members: All duly elected Pinellas County Democratic Precinct Committeepersons... and all persons elected by the County Committee to fill vacancies occurring in the position of Precinct Committeeperson constitute the elected membership of the County Committee.</p> <p>Section 1.2 Appointed Members: [If a precinct already has a committeeman/woman filling the position,] The County Chair may appoint members to serve at-large from among registered Democrats residing in the County...Appointed members shall have all privileges and responsibilities of membership except those restricted to elected members, and except that within their first 60 calendar days of membership they may not vote in any election, in any removal proceeding, or to amend the bylaws.</p> <p>Section 1.4 Associate Members: An associate member is a member who wishes to serve in a limited capacity. They may not vote, may serve on committees, and do not need to meet the attendance requirements.</p>	
To be completed by Credentials Committee	
(1) Date SOE or Verified in Vote Builder: _____ by _____	
(2) Vacancy in Precinct Yes / No by _____	
Loyalty oaths must be executed or notarized before submitting application (See attached Loyalty Oath)	
You can mail this to: PC DEC 2250 1 st Avenue North St. Petersburg, FL 33713	

Florida Democratic Party LOYALTY OATH

County of _____, Florida I, _____, having been duly sworn, say that I am a member of the Democratic Party, that I am a qualified elector of _____ 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 _____

Date _____

Signature _____

OPTION 1. SIGNED BY A NOTARY PUBLIC (Use either Option 1 OR Option 2.)

<p>STATE OF FLORIDA COUNTY OF _____</p> <p>Sworn to and subscribed before me this _____ day of _____, 20 _____,</p> <p>by (name of person making statement) _____.</p> <p>Signature of Notary Public – State of Florida</p> <p>_____</p> <p>Name of Notary typed, printed or stamped</p> <p>Personally Known OR <input type="checkbox"/> Produced Identification Type of ID Produced: _____</p>
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OPTION 2. SIGNED BY TWO WITNESSES (Use either Option 1 OR Option 2.)

Witness 1

Date: ___/___/___ County: _____

Print name: _____

Signature: _____

Address: _____

City: _____, FL Zip _____

Witness 2

Date: ___/___/___ County: _____

Print name: _____

Signature: _____

Address: _____

City: _____, FL Zip _____