



# ArkDems

## DEMOCRATIC PARTY OF ARKANSAS 2020-2021 COUNTY COMMITTEE MEMBER FILING FORM

\_\_\_\_\_ County

Full Name \_\_\_\_\_ Gender \_\_\_\_\_

Full Voting Address \_\_\_\_\_

Best Phone Number(s) \_\_\_\_\_ Date of Birth \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Single** | **Married** (circle one) Spouse's Name (if any) \_\_\_\_\_

Is this your first time filing to be a County Committee member? **Yes** | **No** (circle one)

If no, how long have you been involved? \_\_\_\_\_

*Valid membership on a County Committee also includes the position of delegate to the County Convention, which will be held following the conclusion of all Democratic primaries and / or runoff elections.*

### MEMBERSHIP ELIGIBILITY

I request that the \_\_\_\_\_ County Democratic Central Committee place my name as a member of the county committee.

As a member, I agree to abide by the rules of said committee and support the Principles of the Democratic Party. I am eligible and legally qualified to file for membership under the Rules of the Democratic Party of Arkansas.

Signature \_\_\_\_\_ Date \_\_\_\_\_