

**Application for Membership**  
**Pinellas County Democratic Executive Committee**

Loyalty oath on reverse side **MUST** be executed **AND** notarized before submitting application!  
*(SEE REVERSE SIDE)*

**NAME:** \_\_\_\_\_  
(Please Print Name as Appears on Voter Registration Card)

**House District:** \_\_\_\_\_

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

**Precinct:** \_\_\_\_\_

**City:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Apt. /Unit #:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**ZIP:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Email (print):** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Voter Card #** \_\_\_\_\_

**Personal Profile: Occupation/Special Skills/Interest:**

_____ _____ _____ _____
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**Date of Application:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Name of DEC Member submitting application (if applicable):** \_\_\_\_\_

To Be Completed by Credentials Committee:

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- (1) Date SOE or VAN Verified: \_\_\_\_\_ By: \_\_\_\_\_
- (2) Date Entered Into DemsLink: \_\_\_\_\_ By: \_\_\_\_\_
- (3) Vacancy in Precinct: Yes / No As of: \_\_\_\_\_
- (4) Date Approved by Board: \_\_\_\_\_
- (5) Date Applicant Notified of Action: \_\_\_\_\_
- (6) Date Elected by DEC: \_\_\_\_\_
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**LOYALTY OATH AS PRESCRIBED BY THE FLORIDA DEMOCRATIC PARTY**

This loyalty oath must be completed and notarized prior to submitting application to join.

I, \_\_\_\_\_, having been duly sworn, say that I am a member of the Democratic Party, that I am a qualified elector of **Pinellas 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 By-Laws 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 elections or the Charter and By-Laws of the Florida Democratic party.

Signature: \_\_\_\_\_

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Sworn to and subscribed before me this (date) \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

at (location) \_\_\_\_\_ County, Florida.

\_\_\_\_\_  
*Signature of Officer Administering Oath*

\_\_\_\_\_  
*Title of Officer Administering Oath*

(SEAL)

My Commission expires \_\_\_\_\_

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