

Faulkner County Democratic Party

2023 -2024 Membership Form

Full Name Gender

Full Voting Address

Best Phone Number(s) Date of Birth

Email Address

**Single** **Married** (*circle one*) Spouse’s Name \_\_\_\_\_\_

Is this your first time to become a member of the Faulkner County Democratic Party? **Yes** **No**

(*circle one*)

If no, how long have you been involved?

Registered membership in a County Party grants all rights and privileges,

including voting on FCDP business and qualification to attend the County Convention

which is held following the conclusion of all Democratic primaries and/or runoff elections.

Membership Eligibility

I request that the Democratic Party of Faulkner County place my name as a member of the county committee.

As a member, I agree to abide by the rules of the FCDP 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