

VETERANS AND MILITARY FAMILIES CAUCUS

Membership Form

Democratic Party of Virginia

I, the undersigned, hereby state that I am a Democrat, I am a registered voter in the city or county listed below, that I believe in the principles of the Democratic Party, and I do not intend to support any candidate who is opposed to a Democratic nominee in the next ensuing election. **You do not have to be a member of your local committee or the state central committee to be a member of the Veterans and Military Families Caucus.**

PLEASE PRINT

Name
Address
City/State/Zip
Phone Numbers Work: _____ Home: _____ Cell: _____
Employment Information Occupation: _____ Employer: _____ <small>Campaign finance law requires us to collect and report your occupation and employer. In some cases, without this information we will be forced to refund your contribution. Please do not leave blank or enter "N/A".</small>
Email Address (non-government) _____
Congressional District : _____
City or County: _____
Contribution Eligibility I confirm that the following statements are true and accurate. <input type="checkbox"/> 1. I am a United States citizen or a permanent resident alien. 2. This contribution is made from my own funds, and funds are not being provided to me by another person or entity for the purpose of making this contribution. 3. I am making this contribution with my own personal credit card and not with a corporate or business credit card or a card issued to another person. 4. I am not a federal contractor. 5. I am at least eighteen years old.
Signature _____ Date _____

Please mail this form and your \$10 contribution to:

Democratic Party of Virginia
VMFC Membership
710 E. Franklin Street, 2nd Floor
Richmond, VA 23223

Authorized and Paid for by the Democratic Party of Virginia