

**DEMOCRATIC PARTY OF LEE COUNTY (EXECUTIVE COMMITTEE)**

**\*\*\*APPLICATION FOR APPOINTMENT AS  
PRECINCT COMMITTEEMAN/COMMITTEEWOMAN\*\*\***

Date: \_\_\_\_\_ Applicant's Precinct: \_\_\_\_\_

Applicant's Voter Registration Number: \_\_\_\_\_

To: Chair, Credentials Committee

From: \_\_\_\_\_

Applicant's Name (Same as Voter Registration) Home Phone No. \_\_\_\_\_

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

Street Number and Name City Zip Code E-mail Address \_\_\_\_\_

Age: \_\_\_\_\_ Health: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Business Address: Street Number and Name City Zip Code \_\_\_\_\_

Civic, Social & Political Clubs: \_\_\_\_\_

Brief Resume of All Political Activities: \_\_\_\_\_

\_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

.....  
**CREDENTIALS COMMITTEE USE ONLY:**

Recommended by: \_\_\_\_\_ Date: \_\_\_\_\_

Action by District Credentials Coordinator: \_\_\_\_\_

Name of Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Action by Credential Committee: Qualification checked: \_\_\_ Yes \_\_\_ No

Date: First Reading: \_\_\_\_\_ Second Reading: \_\_\_\_\_

Action by Executive Committee: Moved by: \_\_\_\_\_

\_\_\_ Approved \_\_\_ Not Approved Date: \_\_\_\_\_

\*\*\* Appointments are limited in duration. See By-laws. Every four years committee people must run for election in Democratic Primary.

Florida Democratic Party

**LOYALTY OATH**

County of Lee, Florida

I, \_\_\_\_\_, having been duly sworn, say that I am a member of the Democratic Party, that I am a qualified elector of Lee 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*

\_\_\_\_\_  
*Signature*

=====

**ALL LOYALTY OATHS MUST BE SIGNED BY A NOTARY PUBLIC.**

State of Florida, County of Lee

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

by \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public – State of Florida  
Personally Known\_\_\_\_ -OR- Produced Identification \_\_\_\_  
Type of Identification Produced \_\_\_\_\_

**Please return a completed application and, if possible, a notarized loyalty oath. If unable to get loyalty oath notarized, this form and a Notary will be available at a General Meeting at no expense to you.**

**Please mail application and notarized loyalty oath, if you have it, to:**

**Democratic Party of Lee County  
10051 McGregor Blvd., Suite 104  
Ft. Myers, FL 33919**