

**BROWARD COUNTY DEMOCRATIC EXECUTIVE COMMITTEE**

1824 N. University Drive, Plantation FL 33322

Ph: (954) 423-2200 ~ Fax: (954) 423-2204

Email: info@bcdec.org ~ Website: [www.bcdec.org](http://www.bcdec.org)

**APPLICATION FOR MEMBERSHIP**

**Please Read Instructions First**

1. Please print clearly.
2. You must **fill in all blanks, on both sides**, an incomplete application will be returned to applicant.
3. The application must be submitted with **a current copy of your voter's registration card (both sides)**.
4. This application must be **notarized in two places by a notary public (1) at the bottom of the application and (2) the Loyalty Oath on page 2.**

I hereby apply for membership on the Democratic Executive Committee of Broward County, Florida.

Full Name \_\_\_\_\_ Precinct # \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Ph \_\_\_\_\_ Work \_\_\_\_\_

Mobile \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Race \_\_\_\_\_ Occupation \_\_\_\_\_

Districts: Congress \_\_\_\_\_ Senate \_\_\_\_\_ House \_\_\_\_\_ CC \_\_\_\_\_ SB \_\_\_\_\_

How long have you been a registered Democrat? \_\_\_\_\_

Please List Democratic Clubs are you involved in: \_\_\_\_\_

Why do you desire membership on the Democratic Executive Committee of Broward County, Florida?

**The portion below must be notarized by a notary public**

I affirm that all the information on this application is correct and accurate to the best of my knowledge.

\_\_\_\_\_ **Print Name**

\_\_\_\_\_ **Signature of Applicant**

Sworn and subscribed to me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ in Broward County, Florida.

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

**ENDORSEMENT**

**Please have an existing member of the Broward County Democratic Executive Committee endorse you as a potential member.**

I, \_\_\_\_\_ of precinct number \_\_\_\_\_,

Endorse the above applicant because \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of DEC Member Endorsing

**LOYALTY OATH**

**Please insert your name, read the entire oath, and have it notarized by a notary public.**

County of Broward  
State of Florida

I, \_\_\_\_\_ have been duly sworn, say that I am a member of the Democratic Party, that I am a qualified Elector of Broward County, Florida, that during my term in 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 Carter and the 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 and will not violate any of the laws of the State of Florida relating to elections or the Charter and By-Laws of the Florida Democratic Party.

\_\_\_\_\_  
Signature of Applicant

This Oath has been sworn and subscribed to me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_ at Broward County, Florida.

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

Reminder: Loyalty Oaths must be Notarized by a notary public.

**Please make sure you have:**

- Filled in every blank.
- Your application in notarized in 2 places.
- You have had a DEC member endorse you as an applicant.
- Enclosed a copy of your voter's registration card (both sides).

**Please return your original application to:**

**Broward County Democratic Party  
1824 N. University Drive  
Plantation, FL 33322  
(954) 423-2200**