



**DEMOCRATIC PARTY OF ARKANSAS
2016-2017 COUNTY COMMITTEE MEMBER FILING FORM**

_____ County

Full Name _____ Gender _____

Full Voting Address _____

Best Phone Number(s) _____

Date of Birth _____ E-mail _____

Single | Married (*circle one*) Occupation _____

Is this your first time filing to be a County Committee member? Yes | No (*circle one*)

If no, how long have you been involved? _____

Valid membership on a County Committee also includes the position of delegate to the County Convention, which will be held following the conclusion of all Democratic primaries and / or runoff elections.

MEMBERSHIP ELIGIBILITY

I request that the _____ County Democratic Central Committee place my name as a member of the county committee.

As a member, I agree to abide by the rules of said committee 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 _____