



Alachua County Democratic Executive Committee

PO Box 5216

Gainesville, FL 32627

www.alachuadems.org

Democratic Party Center

901 NW 8th Avenue, Suite A-3

Tel: (352) 373-1730

Thank you for your interest in the Democratic Party! We hope you will consider applying for membership in the Alachua County Democratic Executive Committee (ACDEC). ACDEC membership includes precinct committee persons, at-large appointees, and elected officials. Each of the county's 63 precincts has 2 or 4 committee persons depending on the number of registered voters in the precinct. All Democrats are encouraged to participate in Party activities and are invited to attend ACDEC meetings on the second Wednesday of each month.

The primary requirements for ACDEC membership are to be registered to vote as a Democrat and a resident of Alachua County. We require that applicants attend at least one meeting of the ACDEC and secure references from two current DEC members before applying for membership. As our main objective is to obtain the highest possible number of Democratic votes at each primary, runoff and general election, every DEC member should be actively engaged in party activities by:

- Collaborating with other committee persons in precinct activities
- Attending monthly DEC meetings on a regular basis
- Recruiting additional committee persons in precincts with open seats
- Facilitating the distribution of Democratic campaign literature
- Assisting in fundraising activities of the DEC
- Playing an active role in GOTV, early voting programs, absentee voting programs, and other election period efforts
- Taking and abiding by the Party loyalty oath
- Serving on one of the DEC standing committees
- Performing other duties as requested by the Chair

During the primary of each presidential election year, individuals who wish to serve on the ACDEC run for election in their precinct. However, there are now some precinct positions that are unfilled. An individual may apply to be a precinct Committee person by completing and submitting an application form and the 2 loyalty statements to the ACDEC Membership and Credential Committee. This committee reviews applications and verifies that applicants meet the membership requirements. The recommendations of the Membership Committee are referred to the Steering Committee and, if endorsed by that committee, applicants are then presented for election at the ACDEC's next general meeting.

If you have questions, please call 373-1730 or email membership@alachuadems.org.



**ALACHUA COUNTY DEMOCRATIC
EXECUTIVE COMMITTEE
Membership Application 2012- 2016 Term**



Important: Be sure your name and addresses are the same as your current, official voter record. Please print.

I, _____, residing in Precinct #____ do hereby apply to be a Precinct
Please Print

Committeewoman / Precinct Committeeman on the Alachua County Democratic Executive Committee, in accordance with provisions of the Bylaws of the Florida Democratic Party, Article 5, Section 1.

Voting Address:	Street _____	Apt _____	City _____	Zip _____
Mailing Address	Street _____	Apt _____	City _____	Zip _____
Phones and Email	Email _____	Home phone _____	Cell Phone _____	Work phone _____

Occupation (or previous if retired) _____
Include field of work and specialties

Date first registered ____/____/____ Date registered as Democratic ____/____/____ Alachua County resident since ____/____/____

Political Campaign Experience: _____

Continue on back if necessary

Civic, political, or professional organizations: _____

Continue on back if necessary

Two current DEC member references: _____

Most recent attendance at DEC meetings: ____/____/____, ____/____/____ Today's date: ____/____/____

Note any skills or experience you have:

- | | | | | |
|--|---------------------------------------|---|--|------------------------------------|
| <input type="checkbox"/> Event Planning | <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Office Management | <input type="checkbox"/> Excel | <input type="checkbox"/> Data Entry | <input type="checkbox"/> Web Design | <input type="checkbox"/> Carpentry |

Other: _____

In addition to precinct activities, which DEC committees, clubs or caucuses would interest you?

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Affirmative Action | <input type="checkbox"/> Dems w/ Disabilities Caucus | <input type="checkbox"/> Legislative | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Veterans Affairs | <input type="checkbox"/> Latino Caucus | <input type="checkbox"/> Policy and Bylaws | <input type="checkbox"/> Campaign Planning |
| <input type="checkbox"/> Young Democrats | <input type="checkbox"/> Stonewall Democrats | <input type="checkbox"/> Data Management | <input type="checkbox"/> Communications & Media |
| <input type="checkbox"/> Black Caucus | <input type="checkbox"/> Santa Fe Democrats | <input type="checkbox"/> Office Operations | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> Women's Club | <input type="checkbox"/> UF Democrats | <input type="checkbox"/> Membership | <input type="checkbox"/> Events & Services |

**Please send this completed form and notarized Loyalty Oath and Candidate Oath for Precinct Committeewoman or –man to:
Alachua County DEC Attn: Membership & Credentials Chair, P. O. Box 5216 Gainesville, FL 32627
For more information, email membership@alachuadems.org or call 352-373-1730**

This space for Membership Committee use:			
Registration/address verified by: _____	name	Source: <input type="checkbox"/> VoteBuilder <input type="checkbox"/> Supervisor Of Elections	on: dd/mm/yy _____

Loyalty Oath

Set forth as Attachment 3 to the

Bylaws of the Democratic Party of Florida

I, _____, having been duly sworn, say, that I am a member of the Democratic Party; that I am a qualified elector of Alachua 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 of the Charter and Bylaws of the Florida Democratic Party.

Signature

Sworn to and subscribed before me this _____ day of _____,
20____ at Alachua County, Florida.

Signature of Officer Administering Oath

Please send this notarized Loyalty Oath to:
Alachua County DEC Attn: Membership & Credentials Chair, P. O. Box 5216 Gainesville, FL 32627

**CANDIDATE OATH -
PRECINCT COMMITTEEMEN AND
COMMITTEEWOMEN**

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, _____
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * -- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the office of Precinct Committeeman Committeewoman Precinct Number _____,

I am a qualified elector of _____ County, Florida; I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; and I will support the Constitution of the United States and the Constitution of the State of Florida.

Candidate's Florida Voter Registration Number (located on your voter information card): _____

* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the _____ Party; I have not been a registered member of any other political party for 365 days before the beginning of qualifying preceding the general election for which I seek to qualify; and I have paid the assessment levied against me, if any, as a candidate for said office by the executive committee of the political party, of which I am a member.

X

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Signature of Candidate

Telephone Number

Email Address

Address

City

State

ZIP Code

STATE OF FLORIDA

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ **day of** _____, **20**_____.

Personally Known: _____ or

Produced Identification: _____

Type of Identification Produced:

Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public