

Rev 11/10/2009

Democratic Party of Virginia
Lesbian, Gay, Bisexual, Transgender
and Family and Friends Stonewall Caucus
Membership Form

I, the undersigned, hereby state that

- 1) I am a Democrat,
- 2) I am a registered voter in the city or county listed below,
- 3) I believe in the principles of the Democratic Party, and
- 4) I do not intend to support any candidate who is opposed to a Democratic nominee in the next ensuing election.

PLEASE PRINT: (Please complete gray sections for complete couple information)

<input type="checkbox"/> New Membership	<input type="checkbox"/> Dues – Individual \$20.00
<input type="checkbox"/> Renewing Membership	<input type="checkbox"/> Dues - Couple \$30.00

Name _____
Name _____
Relationship Legal Status _____

Address	City or County of Residence:
City/State/Zip	Congressional District:
Phone Number home: () cell: ()	Email Address
Employer and City of Primary Employment	
Job Title	

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YOU DO NOT HAVE TO BE A MEMBER OF THE CENTRAL COMMITTEE
TO BE A MEMBER OF the LGBT and Family and Friends Stonewall CAUCUS.

Signature _____	Date _____
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Signature _____	Date _____
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The check should be made payable to the **LGBT Caucus of Democratic Party of VA** and mailed to
LGBT Caucus - PO Box 25037 - Richmond VA 23260.
For more information e-mail LGBTcaucus.va.dem@gmail.com or LGBTcaucusTreas@aol.com.