



Volusia County Democratic Veterans Caucus of Florida

Membership Application

Name LAST _____ FIRST _____ MI _____

Address _____

City _____ County _____ State _____ Zip _____

Home Phone _____ Cell _____

Business Phone _____ Fax _____

Email: _____

Precinct # _____ Congressional District # _____ Voters Registration # _____

Prior Military Service: Dates Served _____ Highest Rank Served _____

US Army _____ USN _____ USAF _____ USMC _____ USCG _____

Active Service _____ Reserve _____ Natl. Guard _____

No Military Service _____ Family Military _____

Areas of Interest:

Campaign _____ Fundraising _____ Legislative _____ Technology _____ Other _____

Referred by _____

Signature: _____ Date: _____

Annual Dues: Vet: \$30 (\$15 local/\$15 state); Nonvet: \$35 (\$15 local/\$20 state)

(In joining the VCDVCF, one also joins the state caucus, the DVCF.)

Check _____ Money Order _____ Cash _____ (do not mail cash)

Make Check or Money Order Payable to: VCDVCF

Mail to: VCDVCF c/o Phil Giorno

P.O. Box 71

Cassadaga, FL 32706

Contact VCDVCF President Phil Giorno at vcdvcfpresgiorno@gmail.com or 386-717-3979. Visit our website at volusiademvets.org for additional information.



Florida Democratic Party Loyalty Oath

County of Volusia, Florida

I, _____, having been duly sworn, say that I am a member of the Democratic Party, that I am a qualified elector of Volusia 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 _____
(Use either Option 1 OR Option 2)

(OPTION 1) SIGNED BY A NOTARY PUBLIC

State of Florida, County of _____

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 _____

(OPTION 2) SIGNED BY TWO WITNESSES

Date: _____

Witness #1 Name (PRINT): _____ Address: _____

City: _____ Zip: _____ County: _____

Signature: _____

Date: _____

Witness #2 Name (PRINT): _____ Address: _____

City: _____ Zip: _____ County: _____

Signature: _____