



<input type="checkbox"/> Approved _____
<input type="checkbox"/> Sworn in _____
<input type="checkbox"/> VAN _____
<input type="checkbox"/> SOS _____
<input type="checkbox"/> Website _____
<input type="checkbox"/> BlueUtopia _____
<input type="checkbox"/> HD leader _____

DCDP Precinct Chair Application

Precinct Number _____ Date of Birth* _____

Full Legal Name _____

Preferred Name for SOS website _____

Address where Registered to Vote (no PO Box) _____

Occupation* _____ Employer* _____

Contact Information (please circle preferred number for publication SOS and DCDP websites)

Work _____ Home _____

Cell _____ Email* _____

Once appointed, the above information will be public on www.dentondemocrats.org and through the Secretary of State (SOS) website www.sos.state.tx.us

1. Please state your reasons for wanting to serve as a precinct chair:

2. What skills do you feel you bring to this position?

3. Please give some examples of your previous Democratic, civic or volunteer involvement

Signature _____ Date _____

*required by Secretary of State (SOS)