

First Legislative District Democrats

The Fightin' First – Fighting for You!

APPLICATION TO VOLUNTEER AS AN APPOINTED PRECINCT COMMITTEE OFFICER OR A PRECINCT COORDINATOR

Please confirm the follo	wing:			
Yes No				
I affirm I am a	Democrat			
I affirm that I	am willing to be identifi	ed as a Democratic party offic	cial	
I affirm I am r for precinct co		street address shown below (this affirmation is	s NOT required
Full Name (as it appears	on your voter registrati	ion if your are registered to vo	te):	
Preferred name:				
Yes No				
Are y	ou registered to vote?			
My street address:			Unit #:	
City:		State:	State: Zip:	
My mailing address:	Same as above	Differs from Street	t Address	
If different, mailing address:			Unit #:	
Mailing Address City:		State:	Zip:	
My preferred phone number:		Mobile:	Home:	Text OK:
My preferred email add	ress:			

Please email your completed form to our PCO Committee Chair at: pco_chair@1stlddems.org