



Democratic Party of Guam



Membership Application

I, the undersigned resident of Guam, do hereby confirm that I am eligible for and do hereby apply for membership in the Democratic Party of Guam, and submit the following information:

NAME: _____ **VILLAGE:** _____
LAST, FIRST MIDDLE

DATE OF BIRTH: ____/____/____ **E-MAIL:** _____
(MM/DD/YYYY)

CELL: _____ **HOME:** _____ **OTHER:** _____

HOME ADDRESS: _____

MAIL ADDRESS: _____

CITIZENSHIP: U.S. OTHER: _____ **GENDER:** MALE FEMALE

If you are 18 years of age or over and eligible to vote in Guam, you are eligible for voting membership. Which type of membership are you applying for? VOTING NON-VOTING

Are you registered to vote in Guam elections? YES NO

ETHNICITY: CHAMORRO CHUUKESSE KOREAN CAUCASIAN
 FILIPINO KOSRAEAN CHINESE BLACK
 PALAUAN POHNPEIAN JAPANESE HISPANIC
 MARSHALLESE YAPESE OTHER: _____

By signing this application, I hereby agree to abide by the provisions of the Constitution of the Democratic Party of Guam, and by the By-Laws and the rules of the Party, and those Rules adopted by the National Democratic Party applicable to Guam.

I declare that the foregoing information and contents of this application are true and correct. I acknowledge that any intentional misinformation or inaccuracy contained herein may constitute reason for expulsion from membership in the Democratic Party of Guam.

DATED THIS ____ **DAY OF** _____ **IN THE YEAR** _____

APPLICANT SIGNATURE

By virtue of my signature and pursuant to the By-Laws of the Democratic Party of Guam, this membership application is hereby approved. The name of this member shall be added to the roster of registered Democrats in the Precinct of _____.

PRECINCT CHAIR SIGNATURE & DATE

DATE RECEIVED: _____

SECRETARY, DEMOCRATIC PARTY OF GUAM