

**BEDFORD DEMOCRATIC COMMITTEE  
MEMBERSHIP FORM for 2024-2025**

I, the undersigned, desire to be a member of the Bedford Democratic Committee for the years 2024-2025. I hereby state that I am a Democrat, I am a registered voter in the County of Bedford VA, I believe in the principles of the Democratic Party, and I do not intend to support any candidate who is opposed to a Democratic nominee in the next ensuing elections. I have included the \$10 annual membership fee as part of this form.

**PLEASE PRINT:**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MAILING ADDRESS (if different) \_\_\_\_\_

PHONE (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

E-MAIL \_\_\_\_\_

CONGRESSIONAL DISTRICT \_\_\_\_\_ VA SENATE DISTRICT \_\_\_\_\_

VA DELEGATE DISTRICT \_\_\_\_\_ VOTING PRECINCT \_\_\_\_\_

2024 \$10.00 Fee Included \_\_\_\_\_ 2025 \$10.00 Fee Included \_\_\_\_\_  
(You have the option of paying for only one year or paying for both)

Signature \_\_\_\_\_ Date \_\_\_\_\_

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For Committee Use Only

This form was received by \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ Fee Included \_\_\_\_\_