

**Democratic Party of Georgia (DPG)
Progressive Council**

Voting Membership Application

Name _____

Email address _____

Telephone number for text messages _____

Georgia County of residence _____

Georgia Congressional District of residence _____

Group association, if any _____

Title, if any _____

I agree that, in matters involving my voting membership in and interaction with the Progressive Council, I will abide by the Bylaws of the Progressive Council.

I affirm belief in the goals of the Democratic Party of Georgia as stated in the Charter, I am not a member of any other political party or body as defined in the Georgia Election Code, and I am not affiliated with any political group whose ideals, goals, and methods are incompatible with those of the Democratic Party of Georgia as identified by the Executive Committee.

Signature _____ Date _____
(Your typed signature is acceptable.)

A voting membership list based on this form will be used to validate persons eligible to vote on any matters brought before the DPG Progressive Council that require a vote to be implemented. Votes may be in-person or electronic, in accordance with the Bylaws of the Progressive Council.