

2020 Post-Seat Holder | Committee Member Form

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FaceBook: Cobb County Democratic Party • Twitter: CobbDemocrats • Instagram: CobbDemocrats

If you are interested in serving as an elected Post-Seat Committee member on the Cobb County Democratic Committee, sign and date the following affidavit:

I am a resident and registered voter in Cobb County, GA. I hereby make application to be an elected committee post seat holder to the Cobb County Democratic Committee (CCDC). I believe in the goals of the CCDC, am not a member of any other political party or body (as defined in the Georgia Election Code), and am not affiliated with any political group whose ideal, goals, and methods are incompatible with that of the Cobb County Democrats (as identified by the CCDC Executive Committee). Furthermore, I affirm that I am 18 years of age or older.

		Signed	Date	_
Name:				
First Name			Last Name	
Address:				
	Street		, State, Zip Code	
Home Phone:		Mobile Phone:		
Email:		Occupation:		
Gender (cir	cle one): Male	Female Non-binary/Oth	ner	

Introductory Statement (optional): If you would like to introduce yourself to those who will be voting for Post Seat applicants, please attach a brief (250 words or less) statement describing your background and involvement with the community, candidates/campaigns, or the Democratic Party.