

Democratic Caribbean Caucus of Florida

NEW CHAPTER APPLICATION

Come Join Us!!

Date: _____

Congressional District _____

Request to: **THE DEMOCRATIC CARIBBEAN CAUCUS OF FLORIDA** for a Democratic Caribbean Caucus Chapter in _____ County of Florida.

Applicant's Name _____

Address:

Home Phone: _____ Cell Phone: _____

State the reasons why you want to form a Democratic Caribbean Caucus of Florida Chapter in your county in the state of Florida and how you feel your organization can help further Democratic aims and purposes in your county:

This Caucus Chapter agrees to abide by all procedures, policies and standing rules of the Democratic Caribbean Caucus, county, state and national Democratic Party and the Florida Statutes.

Print Name of County Chapter Applicant

Signature of Applicant

Mail to:

**Democratic Caribbean Caucus of Florida,
P.O. Box 641086, Miami, Florida 33164
DCCF Telephone (305) 651-6557**