

### **Chesapeake Democratic Committee Membership Fee Waiver**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip: \_\_\_\_\_

- ☐ **Due to financial hardship, I can't pay the \$40.00 membership fee at this time.**
- ☐ **Due to financial hardship, I can't pay the \$20.00 youth membership fee at this time (must be 18-25)**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*Completed applications must be given to Dr. Winston Odom via email drwoo1998@aol.com, or by hand 1002 Rabbit Run, Chesapeake 23320.

**Must provide this application along with the membership application for this to be valid.**