

**FAIRFAX COUNTY DEMOCRATIC COMMITTEE
STATEMENT OF INABILITY TO PAY 2024-2025 MEMBERSHIP DUES**

To request a waiver of your 2024-2025 membership dues, you must complete and submit this form physically to the FCDC Office at 8500 Executive Park Ave, Suite 402, Fairfax, VA 22031 or electronically by sending it to MEMBERSHIP@FAIRFAXDEMOCRATS.ORG. Both you and your current District Committee Chair must sign this form to be considered complete. **For the 2024-2025 FCDC Reorganization, this form, with your District Chair signature, must be received no later than 5:00 PM, Monday, November 27, 2023.**

Your District Chair and/or the FCDC Office will notify you with the status of your waiver request.

APPLICANT INFORMATION

Name _____
Address _____
City _____ State VA Zip _____
Home Phone (____) _____ Cell Phone (____) _____
Email _____
Precinct _____ Supervisor District _____

MEMBERSHIP TYPE

Select the membership type for which you are applying in the 2024-2025 biennium.

VOTING - \$100 dues

ASSOCIATE - \$60 dues

MEMBERSHIP DUES WAIVER

By signing below, you certify that you are unable to pay the 2024-2025 FCDC membership dues at this time.

Applicant Signature _____

Date MM / DD / YYYY

District Chair Signature _____

Date MM / DD / YYYY

FOR OFFICE USE ONLY

Date Received MM / DD / YYYY

Received By _____

Approved