



DEMOCRATIC VETERANS CAUCUS OF FLORIDA
CANDIDATE ENDORSEMENT PROGRAM APPLICATION
APPLICANT MUST BE A REGISTERED DEMOCRAT

DATE _____

OFFICIAL NAME _____

CURRENT OFFICE _____ TITLE _____

EMAIL _____

PHONE (HOME) _____ (CELL) _____

ADDRESS _____

CITY _____ COUNTY _____ ZIP _____

OFFICE SOUGHT _____

IN ELECTION AGAINST ANOTHER DEMOCRAT? _____

CAMPAIGN MANAGER/REP _____

REP'S EMAIL ADDRESS _____

IS CANDIDATE A VETERAN? _____ SERVICE _____

IS CANDIDATE MEMBER OF DVCF? _____ MEMBER OF COUNTY DEC? _____

DVCF ENDORSEMENT PROGRAM TERMS

By agreeing to the terms below, you hereby acknowledge that the Democratic Veterans Caucus of Florida (DVCF) is under no obligation to enroll you into the Endorsement Program or provide you with an endorsement. The DVCF reserves the right to cancel your endorsement at any time.

By signing and agreeing to the terms below, you affirm that the individual completing this application form is the candidate for office indicated on the application. You promise to advocate for veterans, our active military and their families within the boundaries of the office you are elected to, if you are so elected.

Please contact us at **DVCF.ENDORSE@GMAIL.COM** and **DVCF.PRESIDENT@GMAIL.COM** with any questions or concerns during this endorsement process. Please return your application to this email address or contact us to make other arrangements.

I hereby agree and affirm my acknowledgement of the above terms and conditions

Candidate signature

Date

Witness signature

Date