

Chartered Organization Voter Registration Program Enrollment Form

(type or print)

Organization _____
CA FPPC ID(if applicable) _____ Federal ID(if applicable) _____
Address _____
City _____ Zip _____
Phone(_____) _____ FAX (_____) _____
Chief Officer's Name _____
Day Phone(_____) _____ Night Phone (_____) _____
VR Program Manager's Name _____
Day Phone(_____) _____ Night Phone (_____) _____
E-Mail: _____

Affidavit Numbers Checked Out _____ through _____
Our Organization's VR Program is also receiving funding from: _____
Additional funding per VR card is: _____
Money from additional funders is being reinvested into our VR program: YES NO
Estimated overall cost per Democrat registered: _____

Agreement to Guidelines

We, the undersigned, on behalf of our organization, have read the Chartered Organization Voter Registration Program Guidelines and agree to follow them: including, but not limited to, ensuring that none of the photocopies of VR cards submitted will be duplicates nor have been gathered by those participating in petition, initiative or similar drives, and that the original cards will be turned into the county elections department within three days of being collected, as required by California law. We will audit, at a minimum, 10% of the cards submitted to ensure validity. We understand such processing is our responsibility. Further, we understand that the CDP reserves the right to reject the FULL submission if the Chartered Organization Voter Registration Fund Program is not followed. We, the undersigned, on behalf of our organization agree to indemnify and hold harmless the California Democratic Party (CDP) and its agents from and against any and all administrative or civil fines, penalties and damages, including attorneys' fees and costs, resulting from any wrongful acts or omissions by us or our agents or employees, to include, without being limited to, failure to comply with any provision of the California Elections Code applicable to voter registration activities.

Signature of Chief Officer _____ Date ___/___/___

Signature of VR Program Manager _____ Date ___/___/___

Mail or FAX this form to: California Democratic Party, Attn: Bill Vratton, 1401 21st St., #200
Sacramento, CA 95811 FAX 916.442.5715. Retain a copy of this form for your records.

CDP Office Use Only

Date received ___/___/___

Approved for the Program ___/___/___