

**Membership Application Form**

**Georgia Association of Democratic County Chairs  
(GADCC)**

**Annual Dues: \$50.00 per County (covers both the Chair and a Vice Chair  
through December 31)**

(PLEASE PRINT)

County: \_\_\_\_\_

Congressional District \_\_\_\_\_

Your Name: \_\_\_\_\_

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

City, St, Zip \_\_\_\_\_

Position with your County Committee (Chair or Vice-Chair): \_\_\_\_\_

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

Fax: \_\_\_\_\_

E-Mail:\*\*\*\*\* \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*IF THE CHAIR DOES NOT HAVE E-MAIL, PLEASE DESIGNATE AN OFFICER TO  
RECEIVE E-MAIL FOR THE CHAIR AND LIST THEIR E-MAIL ADDRESS ABOVE.\*\*\*\*\*

**Please complete this page and return it with your \$50.00 annual  
membership check to: Georgia Association of Democratic County Chairs**

**(Mail application & check to)  
Dr. Lowell Greenbaum, Treasurer, GADCC  
1343 Waters Edge Drive,  
Augusta, GA 30901**

**Thank You!**

**You will receive confirmation of your membership. If not call (706) 833-3291**