

**HIDALGO COUNTY DEMOCRATIC PARTY**

**APPLICATION FOR MEMBERSHIP**

NAME: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

What are the main reasons you wish to affiliate yourself with the Hidalgo County Democratic Party? \_\_\_\_\_

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Are you interested in running for Precinct Chair or serving on the HCDP Executive Board?

\_\_\_\_\_

List any relevant experience, qualifications or memberships.

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