



2009-2010 Kansas Young Democrats Interim Chapter Chartering Packet

POST OFFICE ADDRESS:

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Dear Young Democrats,

This packet is for chapters wishing to charter with the Kansas Young Democrats. Completion of this packet will provide your chapter active membership in the Kansas Young Democrats.

Packets will be considered by the State Committee at the first regularly scheduled meeting following receipt of the packet. Following acceptance at that meeting, chapters will have active membership.

Please complete the following required forms included in this packet and include your chapters constitution and dues. Also, attach any additional optional information.

You must have at least four things in order to be considered for a charter.

1) **Officer List and Membership Certification** (Form included in packet)

Certification by the County Chair, Chapter President and Chapter Secretary that information in the packet is correct, that the chapter is involved in the Democratic Party and that the organization has adopted the KYD Constitution.

2) **Membership Form** (Form included in packet)

A list of names, addresses, phone numbers (optional), birthdates, and signatures of each member in the chapter. (*Minimum of 10 Names Required*)

3) **Constitution** (Please attach to these forms)

A copy of the chapter's constitution.

4) **Annual Dues** (Please attach to these forms)

Dues of 25 cents per member payable by money order, cash, check or cashier's check.

(New Chapters Excluded - No Payment Necessary)

Thank you for your participation in the Kansas Young Democrats and I look forward to your membership.

Sincerely,

KYD Credentials Chair

Kansas Young Democrats

Officer List & Membership Certification

Official Name of Chapter: _____

President

Name: _____ Date of Election: _____
Address: _____ Phone: _____
City/Zip: _____, KS _____ E-mail: _____

Vice President

Name: _____ Date of Election: _____
Address: _____ Phone: _____
City/Zip: _____, KS _____ E-mail: _____

Secretary

Name: _____ Date of Election: _____
Address: _____ Phone: _____
City/Zip: _____, KS _____ E-mail: _____

Treasurer

Name: _____ Date of Election: _____
Address: _____ Phone: _____
City/Zip: _____, KS _____ E-mail: _____

"I, _____, County Democratic Chair or Vice Chair of _____ County, certify the above named organization is an officially recognized Young Democrats organization and that the organization is actively engaged in Democratic Party activities in this county. The officers named above are known to me as duly elected officers who were elected by a direct vote of the members of said chapter. Further I certify the information on this form is true and accurate to the best of my knowledge."

Democratic County Chair or Vice Chair Date

"We, the President and the Secretary of the _____ Young Democrats, certify that the membership list included with form is a true and accurate representation of the membership of the organization. Further, we certify that our chapter has ratified the Constitution of the Kansas Young Democrats and has met at least once since the last Kansas Young Democrats State Convention in April 2003. Further we certify the information on this form is true and accurate to the best of our knowledge."

Chapter President Chapter Secretary

Kansas Young Democrats Membership Form

We, the undersigned members of the _____ **Young Democrats** hereby apply for membership with the Kansas Young Democrats and the Young Democrats of America.

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Signature: _____ Date: _____

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Signature: _____ Date: _____

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Signature: _____ Date: _____

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Signature: _____ Date: _____

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Signature: _____ Date: _____

Kansas Young Democrats Membership Form

We, the undersigned members of the _____ **Young Democrats** hereby apply for membership with the Kansas Young Democrats and the Young Democrats of America.

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Signature: _____ Date: _____

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Signature: _____ Date: _____

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Signature: _____ Date: _____

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Signature: _____ Date: _____

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Signature: _____ Date: _____
