

## KYD STATE CONVENTION CHARTERING PACKET

Chapter Name: \_\_\_\_\_

County(s)/School: \_\_\_\_\_

Date of Last Meeting: \_\_\_\_\_

Total Number of Members (per list submitted with this packet): \_\_\_\_\_

### **Please submit with this form the following:**

- Chapter Officers (*form attached*)
- Governing Documents
- Certification of County(s) Party Executive Committee Member (*form attached*)
- Membership List (names, emails, birthdays)
- Chapter President Certification (*form attached*)
- Chartering Fee of **\$50.00**.

### **OPTIONAL - Forms for Additional Votes (*all forms attached*)**

- Campaigns
- Grassroots
- Rapid Response Plan/Coordinators
- Community Service
- Fundraising

This Chartering Packet is due NO LATER THAN **FEBRUARY 2, 2012**.

Please mail to:

**Kentucky Young Democrats  
PO BOX 241  
Lexington, KY 40588**

## CHAPTER OFFICERS

<b>President</b> Name: _____ Address: _____ _____ Phone: _____ Email: _____ Date of Election: _____	<b>Vice President</b> Name: _____ Address: _____ _____ Phone: _____ Email: _____ Date of Election: _____
<b>Secretary</b> Name: _____ Address: _____ _____ Phone: _____ Email: _____ Date of Election: _____	<b>Treasurer</b> Name: _____ Address: _____ _____ Phone: _____ Email: _____ Date of Election: _____
_____ Name: _____ Address: _____ _____ Phone: _____ Email: _____ Date of Election: _____	_____ Name: _____ Address: _____ _____ Phone: _____ Email: _____ Date of Election: _____
_____ Name: _____ Address: _____ _____ Phone: _____ Email: _____ Date of Election: _____	_____ Name: _____ Address: _____ _____ Phone: _____ Email: _____ Date of Election: _____

**COUNTY DEMOCRATIC PARTY EXECUTIVE COMMITTEE MEMBER CERTIFICATION**

I, \_\_\_\_\_, member of the \_\_\_\_\_ County Democratic Party Executive Committee, hereby certify that the \_\_\_\_\_ Young Democrats are an active chapter within the county in which I serve.

Signature: \_\_\_\_\_

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

\_\_\_\_\_

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

## CHAPTER PRESIDENT CERTIFICATION

I, \_\_\_\_\_, President of the \_\_\_\_\_ Young Democrats, hereby certify that the information in this packet is, to the best of my knowledge, accurate and submitted in good faith.

Enclosed is a payment of **\$50.00** for my chapter's chartering fee. I do recognize that an additional payment of **\$1 per vote to be cast** will be assessed and due by the close of the Credentials Committee meeting at the state convention.

Signature: \_\_\_\_\_

**CAMPAIGN ACTIVITY VERIFICATION #1**

*Please have a representative of a Democratic Candidate or Issue campaign complete the form below. Or attach a letter, on campaign letterhead, to this packet.*

I verify that the \_\_\_\_\_ Young Democrats participated in the \_\_\_\_\_ campaign during the most recent election cycle.

Signature: \_\_\_\_\_

Name (print): \_\_\_\_\_

Campaign: \_\_\_\_\_

Title: \_\_\_\_\_

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

\_\_\_\_\_

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

Email: \_\_\_\_\_

**OR**

- Letter is attached.

**CAMPAIGN ACTIVITY VERIFICATION #2**

*Please have a representative of a Democratic Candidate or Issue campaign complete the form below. Or attach a letter, on campaign letterhead, to this packet.*

I verify that the \_\_\_\_\_ Young Democrats participated in the \_\_\_\_\_ campaign during the most recent election cycle.

Signature: \_\_\_\_\_

Name (print): \_\_\_\_\_

Campaign: \_\_\_\_\_

Title: \_\_\_\_\_

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

\_\_\_\_\_

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

Email: \_\_\_\_\_

**OR**

- Letter is attached.

## GRASSROOTS ACTIVITY VERIFICATION

*Please have a representative of a grassroots campaign complete the form below. Or attach a letter, on campaign letterhead, to this packet.*

I verify that the \_\_\_\_\_ Young Democrats participated in the  
\_\_\_\_\_ grassroots campaign during the last calendar year.

Signature: \_\_\_\_\_

Name (print): \_\_\_\_\_

Campaign: \_\_\_\_\_

Title: \_\_\_\_\_

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

\_\_\_\_\_

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

Email: \_\_\_\_\_

**OR**

- Letter is attached.

## RAPID RESPONSE PLAN & COORDINATORS

In order to assist our National Committee representatives in disseminating information to our members regarding YDA Direct Issue Advocacy campaigns, and to assist KYD in building an efficient and state-wide rapid response team, please attach your chapter's Rapid Response Plan and designate a Rapid Response Coordinator in the form below.

- Rapid Response Plan Attached

The \_\_\_\_\_ Young Democrats designate the Young Democrat below as our Rapid Response Coordinator.

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

Email: \_\_\_\_\_

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

## COMMUNITY SERVICE ACTIVITY VERIFICATION

*Please have a representative of your community complete the form below. Or attach a letter, on campaign letterhead, to this packet.*

I verify that the \_\_\_\_\_ Young Democrats provided assistance to \_\_\_\_\_ during the last calendar year.

Signature: \_\_\_\_\_

Name (print): \_\_\_\_\_

Organization: \_\_\_\_\_

Title: \_\_\_\_\_

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

\_\_\_\_\_

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

Email: \_\_\_\_\_

**OR**

- Letter is attached.

