**LOUISA COUNTY DEMOCRATIC COMMITTEE
Interest Survey 2021**

**Have you reviewed the informational flyer? If so, please complete the following survey.**

**I am interested in learning more about the LCD. Please call me.**

**I would like to receive the LCDC Newsletter to stay connected.**

**I would like to be included on the LCDC Volunteer Roster.**

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

**Street Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**County:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State:** \_\_\_\_\_\_\_\_\_  **ZIP Code:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 **Primary Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E-Mail address you want us to use:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
(This is LCDC's primary tool for communications.)

**Do you have Internet service** \_\_\_\_\_ YES \_\_\_\_\_ NO

**Precinct of Residence?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The Louisa County Democratic Committee recognizes that people have a variety of talents. We would like volunteers to select those activities which they enjoy. For us to be successful in our efforts to bring change, we need all types of contributions and skills. No task is too small to be of help.**

**Please check the appropriate boxes to indicate your areas of interest:**

**( ) Deliver/install signs ( ) Canvass door to door ( ) Work at polls**

**( ) Post sign at my house ( ) Passing out literature ( ) Drive to polls**

**( ) Make phone calls ( ) Work at events & festivals ( ) Working on committees**

**( ) Write letters to the Editor ( ) Social media (FB, Web Page, etc.)
 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Return form to LCDC, PO Box 71, Louisa, VA 23093 or complete online
louisadems.org under volunteer. (804) 457-8001‬
Contact member (name) :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_**