

General Information

Last Name*: _____ First Name*: _____ M.I.: _____

Mailing Address*: _____ Date of Birth*: _____ / _____ / _____
(County of Residence)* MM DD YYYY

_____ Phone (H)*: (_____) _____ - _____
(Mailing Address)*

_____, NC _____ E-Mail: _____ @ _____
(City)* (Postal Code)*

Yes No: Have you ever been a member of the Constitution Party of North Carolina, the National Constitution Party or any of its state affiliates?

Yes No: Do you currently hold membership in the National Constitution Party, with current annual dues?

Requirements of Associate Membership*
(Ensure that you agree and/or meet the following criteria)

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| <ol style="list-style-type: none"> 1. <i>Legal resident of the state of North Carolina.</i> 2. <i>18 years of age or older.</i> 3. <i>Registered voter.</i> 4. <i>Current in Party Dues or Waiver as permitted in Article V of these bylaws.</i> 5. <i>Subscribes to at least three fourths (3/4) of the Essential Core Values of the Party as prescribed in the Constitution Party of North Carolina Platform.</i> | <ol style="list-style-type: none"> 6. <i>Acknowledge and abide by Article I Sections 3, 4 & 5 of the North Carolina State Constitution.</i> 7. <i>File the Membership Registration Form along with the Associate Membership Pledge form to determine membership status in the Party.</i> |
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Associate Membership Pledge*

As an Associate Member of the Constitution Party of North Carolina I acknowledge that I understand and agree with at least three-fourths of the Essential Core Values as outlined and defined in the Platform of the Constitution Party of North Carolina. I also acknowledge and understand that the Party does not require a religious test for membership, however; it does require that I as a member must acknowledge my belief in God. I understand that this requirement is consistent with the Preamble and Article VI Section 8 of the North Carolina State Constitution. I also acknowledge that I understand that the rights of persons are derived from their Creator as defined under Article I Section 1 of the North Carolina State Constitution and in The Declaration of Independence. The Constitution Party of North Carolina also requires that I as a member must acknowledge and understand that I will pledge not to engage in any activity or belong to any organization that attempts to or promotes armed rebellion or the illegal overthrow of the legal Federal and/or State Governments as stated in the North Carolina State Constitution in Article I Section 3, Section 4 and Section 5.

Applicant Signature*: _____ **Date*:** _____

By signing above I attest that the information provided on this Form is true and accurate to the best of my knowledge and that my choice of Associate Membership does reflect my compliance with the requirements listed for the Party's Associate Membership level. If at any time information regarding my name, mailing address or phone number changes I will promptly notify the Constitution Party of North Carolina in writing of the said changes. If at any time, I fail to meet the qualifications requisite to holding Associate Membership in the Party I will notify the Constitution Party of North Carolina in writing, or risk judicial procedures within the party to challenge my membership level.

* Required Field.