



2019-2020 Chapter Chartering Packet

MAILING ADDRESS:

PO Box 3134
Lawrence KS 66046

To Whom It May Concern:

Completion of this packet will provide your chapter active membership in Kansas Young Democrats. For chapters to be chartered for 2019 and 2020 and participate in the 2019 and 2020 KYD Washington Days Meetings, they must submit completed packets via email to kansasyoungdems@gmail.com by **March 1st, 2019 by 5:00pm**, or mail the packet so that it will be received by this date. The Credentials Committee will then convene to review all packets received and shall inform the submitting chapter president the number of votes they are entitled to and notify them of any problems in their packet. Chapters may still turn in packets after that date and receive a portion of their normal votes. Any packet completed after that time will incur a 15% late penalty in the number of votes your chapter may cast at the Washington Days Meeting. Please complete the following **required** forms included in this packet and included your chapter constitution and dues, if applicable.

1. **Chartering Checklist**
 - a. A checklist to take you through the required and optional information for chartering.
2. **Officer List and Membership Certification**
 - a. Certification by the County Chair, Chapter President, and Chapter Secretary that information in the packet is correct and that the chapter is active.
3. **Membership Form**
 - a. A list of names, addresses, phone numbers (optional), birthdates, and signatures of each member in the chapter (Minimum of 5 required)
4. **Constitution**
 - a. A copy of the chapter's constitution. (Contact Lindsay Vaughn for details as there may already be a copy on file)
5. **Annual Dues**
 - a. Dues of \$25 per chapter payable by money order, cash, or check. (If packet is emailed, money must be received before the state meeting to be considered valid.) New chapters are excluded – no payment is necessary if your chapter did not charter by Washington Days 2017 or 2018.

If you have any questions concerning this packet, please contact us by phone at (913) 523-6280 or e-mail at lcvaughn94@outlook.com

Sincerely,

Katie Sullivan
1st Vice-President

Lindsay Vaughn
Secretary



Chartering Checklist

ITEMS IN BOLD ARE REQUIRED TO CHARTER

Section A

Chartering Votes

- ___ I Two (2) votes for chartering at the 2017 Washington Days Meeting
- ___ II Two (2) votes for chartering at the 2018 Washington Days Meeting
- ___ III **One (1) vote for adopting the KYD Constitution and submitting the chapter constitution, contact Damien Gilbert as your chapter may have already submitted their constitution.**
- ___ IV Total Votes in I-III

Section B

Membership Votes

- ___ I **Three (3) votes for having a membership of five (5) or more. Submitted on provided roll list with signatures of the chapter president and chapter secretary.**
- ___ II One (1) vote for each additional ten (10) members or a major portion thereof above the original five (5).
- ___ III One (1) to three (3) votes for increases in membership above the membership that was chartered at the previous Washington Days Meeting, with written verification of recruitment activities from local party official. For a 1-10% increase, one (1) vote; for an 11-20% increase, two (2) votes; for a 20% or above increase, three (3) votes.
- ___ IV Total Votes in I-III

Section C

Participation Votes

- ___ I **One (1) vote for having held officer elections since the 2017 Washington Days meeting. Minutes and results of election must be submitted to the KYD Parliamentarian for verification.**
- ___ II One (1) vote for participation in Congressional District or County Democratic Party grassroots activity, voter registration or advance voter drives, **with written verification from party official or grassroots organizer.**
- ___ III One (1) or two (2) votes for participation in every two (2) Democratic or issue campaigns, **with written verification from campaign coordinator or candidate.**
- ___ IV One (1) vote for participation in a local community service activity, **with written verification from community service representative.**
- ___ V One (1) vote for having fundraising activities, including a major fundraiser or a sustaining club, **with written verification including submission of deposit slips.**
- ___ VI One (1) to three (3) votes for being a recognized sponsor at the 2018 KYD State Convention. One (1) vote for bronze level, two (2) votes for silver level, and three (3) votes for gold level, **with written verification from the Convention Chair.**
- ___ VII Total votes in I-VI



Section D

Grand Total

___I Total votes in Sections A-C

Chapter President

Chapter Secretary

KYD 1st Vice-President

KYD Secretary



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: _____



Certification

“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.”

County Chair or Vice Chair

Date

“We, the President and the Secretary of the _____, 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 Washington Days meeting in February 2017. Further we certify the information on this form is true and accurate to the best of our knowledge.”

Chapter President

Chapter Secretary

Office Use Only:

Date Received:

Received By:



Membership Form

1. Name: _____ Date of Birth: _____
Address: _____ Phone: _____
City/Zip: _____, KS _____ E-mail: _____
2. Name: _____ Date of Birth: _____
Address: _____ Phone: _____
City/Zip: _____, KS _____ E-mail: _____
3. Name: _____ Date of Birth: _____
Address: _____ Phone: _____
City/Zip: _____, KS _____ E-mail: _____
4. Name: _____ Date of Birth: _____
Address: _____ Phone: _____
City/Zip: _____, KS _____ E-mail: _____
5. Name: _____ Date of Birth: _____
Address: _____ Phone: _____
City/Zip: _____, KS _____ E-mail: _____
6. Name: _____ Date of Birth: _____
Address: _____ Phone: _____
City/Zip: _____, KS _____ E-mail: _____
7. Name: _____ Date of Birth: _____
Address: _____ Phone: _____
City/Zip: _____, KS _____ E-mail: _____
8. Name: _____ Date of Birth: _____
Address: _____ Phone: _____
City/Zip: _____, KS _____ E-mail: _____
9. Name: _____ Date of Birth: _____
Address: _____ Phone: _____
City/Zip: _____, KS _____ E-mail: _____
10. Name: _____ Date of Birth: _____
Address: _____ Phone: _____
City/Zip: _____, KS _____ E-mail: _____
11. Name: _____ Date of Birth: _____
Address: _____ Phone: _____
City/Zip: _____, KS _____ E-mail: _____
12. Name: _____ Date of Birth: _____
Address: _____ Phone: _____
City/Zip: _____, KS _____ E-mail: _____

Chapter President

Chapter Secretary