

Montgomery County Democratic Committee

Committeeperson Resignation Form

Date _____, 20

Applicant:

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First Name

M.I.

Last Name

Voting Precinct:

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Municipality

Ward

Precinct

Address:

SIGNATURE: _____

Please sign and print names. This resignation approved by:

Officers	Signature	Print Name
Municipal Chair		
Area Leader		
County Chair		Jason E. Salus

PO Box 857 * Norristown, PA 19404 * Tel.610-272-2000 / Fax.610-272-2005

Paid for by the Montgomery County Democratic Committee