

Montgomery County Democratic Committee

Application for Appointment of Committeeperson

Date: _____, 20____

Applicant:

First Name	M.I.	Last Name

Voting Precinct:

Municipality	Ward	Precinct

Address:

	PA	

Above information must match street lists exactly!

Home Phone:	Work Phone:
Cell:	Work Fax:
Primary E-mail:	

E-mail address and home phone number are required.

If appointment replaces a resignation,
Please list name and district of person resigning below:

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Please sign and print names. This appointment approved by:

<u>Officers</u>	<u>Signature</u>	<u>Print Name</u>
Municipal Chair		
Area Leader		
County Chairman		Jason E. Salus

Appointment not valid until signed by the County Chairman and submitted to County Board of Elections.

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

Paid for by the Montgomery County Democratic Committee .