

LOS ANGELES COUNTY DEMOCRATIC CENTRAL COMMITTEE

Assembly District Delegation Member Appointment Form 2010-2012 Term

Los Angeles County Democratic Central Committee
3550 Wilshire Boulevard, Suite 1203
Los Angeles, CA 90010
Fax: 213-382-1278

Date Submitted

The following person has been appointed to fill a vacancy in the _____ Assembly District Delegation.

*Name: _____ *Email: _____

*Phone (Cell): _____ *Phone (Home): _____ *Phone (Work): _____

*Fax: _____ *Occupation: _____ *Employer: _____

*Resident (Voting) Address: _____

*City: _____ *ZIP: _____

Public Mailing Address (Skip if same as above): _____

City: _____ ZIP: _____

*AD: _____ *SD: _____ *CD: _____ *Supervisorial District: _____ *Bd. of Equalization District: _____

*City Council of: _____ *City Council District Number (If applicable): _____
City Name

*Required information for LACDCC and CDP

\$36.00 dues enclosed (required): _____

PLEASE COMPLETE THE FOLLOWING AND PROVIDE THE PAYER INFORMATION OF MEMBERSHIP DUES BELOW:

Payment of \$36.00 membership dues is paid in the form of (please check one): Cash Check Credit Card

Name: _____ Phone: _____

Card Type (Visa/MasterCard): _____ Card Number: _____ Exp. Date: _____

Address: _____ City: _____ ZIP: _____

**Occupation (Required): _____ **Employer (Required): _____

**Required information for FPPC

Signatures of Delegation Members Present:

- | | |
|----|-----|
| 1. | 6. |
| 2. | 7. |
| 3. | 8. |
| 4. | 9. |
| 5. | 10. |

Delegation Chair Signature: _____

Printed Name of Delegation Chair: _____