

LOS ANGELES COUNTY DEMOCRATIC PARTY

ALTERNATE MEMBER APPOINTMENT FORM

Los Angeles County Democratic Party
3550 Wilshire Boulevard, Suite 1203
Los Angeles, CA 90010
213-382-0063
Fax: 213-382-1278
membership@lacdparty.org

Appointing member information:

Signature of appointing member Print full name of appointing member Assembly District

Date submitted

I HAVE APPOINTED THE FOLLOWING AS MY ALTERNATE MEMBER ON THE LOS ANGELES COUNTY DEMOCRATIC PARTY AND HAVE AUTHORIZED HIM/HER TO VOTE IN MY ABSENCE.

Alternate Name: _____

Email: _____

Phone (Cell): _____ Phone (Home): _____

Phone (Work): _____ Fax: _____

New Assembly District: _____

Resident (Voting) Address: _____

City: _____ ZIP: _____

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

City: _____ ZIP: _____

PLEASE COMPLETE THE FOLLOWING AND PROVIDE THE PAYER INFORMATION:

Payment of \$48 (\$60 after July 9, 2013) paid in the form of: Cash Check Credit Card

Contributor Name: _____ Phone: _____

Address: _____ City: _____ ZIP: _____

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

Name on Card: _____ Card Type: Visa / MasterCard / AmEx

Card Number: _____ Exp. Date: _____

****IMPORTANT****

YOU MUST HAVE PAID OR HAD WAIVED YOUR DUES IN ORDER TO VOTE OR TO APPOINT AN ALTERNATE. THE ALTERNATE WILL NOT BE SEATED IF YOU ARE NOT A MEMBER IN GOOD STANDING AND IF HE/SHE HAS NOT ALSO PAID OR HAD WAIVED HIS/HER DUES.

Any member in good standing may appoint an alternate member, subject to the approval of This Committee, who shall serve at the member's pleasure, upon presentation of written authorization. Alternates may be appointed and seated at the Organizational Meeting. After the Organizational Meeting, such appointment must be made at least fifteen (15) days prior to the Los Angeles County Democratic Party meeting at which the appointment is to be announced. Payment or waiver of dues is required for both the Regular Member and the Alternate Member whom they appoint.