

LOS ANGELES COUNTY DEMOCRATIC PARTY

ASSEMBLY DISTRICT DELEGATION 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@lacd.org

Signatures of Delegation Members Present:

1. _____	6. _____
2. _____	7. _____
3. _____	8. _____
4. _____	9. _____
5. _____	10. _____

AD Delegation Chair Signature: _____ **Date:** _____

Printed Name of AD Delegation Chair: _____

THE FOLLOWING HAS BEEN APPOINTED TO FILL A VACANCY IN THE _____ ASSEMBLY DISTRICT DELEGATION.

Appointed Member 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: _____