



Locality: _____

City County

CHAIRMAN

First Name

Last Name

Address

E-mail

Phone Number

Alternative Phone

Political Party Represented

Date Appointment Effective

Year Term Expires (February, _____)

VICE CHAIRMAN

First Name

Last Name

Address

E-mail

Phone Number

Alternative Phone

Political Party Represented

Date Appointment Effective

Year Term Expires (February, _____)

SECRETARY

First Name

Last Name

Address

E-mail

Phone Number

Alternative Phone

Political Party Represented

Date Appointment Effective

Year Term Expires (February, _____)

I certify that the above members have qualified by taking and subscribing to the oath set forth in Article II, § 7 of the Constitution and that the officers indicated were elected at a meeting of the Electoral Board held immediately following the appointment and qualification of any new (or reappointed) members.

Date: _____, Secretary