

MEMBER OF BOARD OF CANVASSERS

Date of Application

APPLICATION AND AFFIDAVIT

Interviewed By

Date Interviewed

NAME OF CITY, VILLAGE, TOWNSHIP OR SCHOOL DISTRICT

Name in Full _____ Date of Birth _____
(As Registered)

Home Address _____ Telephone No. _____
(Street and No. or Rural Route)

Length of Residence in City, Village, Township or School District _____

Registered in Ward _____ Precinct _____ Political Party Affiliation _____

Have you ever been convicted of a felony or election crime? Yes No

Place of Employment _____

Type of Work you do _____

Physical Disabilities, if any _____

Give a Local Reference _____
(Name) (Address)

I understand that I vacate my office as a member of this board of canvassers if at any time during my term of office I or a member of my immediate family serves as an election inspector or becomes a candidate for any elective office at an election to be canvassed by this board of canvassers or serves as a member of the governing body of the unit for which this board is established.

I DECLARE THE FOREGOING STATEMENTS TO BE TRUE _____
(Signature)

ANY FALSE STATEMENTS MADE ON THIS APPLICATION WILL DISQUALIFY THE APPLICANT.

Subscribed and sworn to before me _____

Notary Public in and for the

County of _____ State of _____

My commission expires _____ 20____.