

APPLICATION FOR CHANGE OF PARTY AFFILIATION

(State of Louisiana)

DATE _____

TO THE REGISTRAR OF VOTERS, PARISH OF _____

I AM REGISTERED IN WD/DIST/PCT _____ WITH DATE OF BIRTH _____

MY PARTY AFFILIATION IS SHOWN AS (Circle one or write in)

DEMOCRAT REPUBLICAN GREEN LIBERTARIAN

REFORM NONE OTHER _____

I WANT TO CHANGE SAID RECORD TO REFLECT MY PARTY AFFILIATION AS (Circle one or write in)

DEMOCRAT REPUBLICAN GREEN LIBERTARIAN

REFORM NONE OTHER Conservative Party

ADDRESS _____

SS# _____

(Full or Last 4 digits, optional)

LA DRIVER'S LICENSE / I.D. # _____

NAME _____

(Please print)

PHONE # _____

(Signature of Applicant)