

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 _____

I WANT TO CHANGE MY PARTY AFFILIATION TO: (Circle one or write in)

DEMOCRAT GREEN LIBERTARIAN REFORM REPUBLICAN
NO PARTY OTHER (SPECIFY) _____

ADDRESS _____

PHONE # _____

SS# _____

(Full or Last 4 digits, optional)

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

NAME _____

(Please print)

(Signature of Applicant)