



Millard County Affiliation Form

Voter Information

1

Name (please print clearly):

Date of Birth:

Street Address:

Mailing Address:

Phone:

Email (optional):

Party Affiliation

2

Which ballot would you like to receive for the Primary Election?

- | | |
|---|---|
| <input type="checkbox"/> Constitution | This will affiliate me with the Constitution Party |
| <input type="checkbox"/> Democratic | <input type="checkbox"/> Change my affiliation to Democratic (optional) |
| <input type="checkbox"/> Forward | <input type="checkbox"/> Change my affiliation to Forward (optional) |
| <input type="checkbox"/> Green | This will affiliate me with the Green Party |
| <input type="checkbox"/> Independent American | <input type="checkbox"/> Change my affiliation to Independent American (optional) |
| <input type="checkbox"/> Libertarian | <input type="checkbox"/> Change my affiliation to Libertarian Party |
| <input type="checkbox"/> Republican | This will affiliate me with the Republican Party |

Voter Signature

3

X

Signature

Today's Date