

Commission Post _____

**AFFIDAVIT FOR CARROLL COUNTY
DEMOCRATIC
COMMITTEE ELECTION**

CARROLL COUNTY, GEORGIA, Date _____

I am a resident and registered voter in Carroll County, GA. I hereby make application to be an elected member of the Carroll County Democratic Committee. I believe in the goals of the Democratic Party of Georgia, am not a member of any other political party or body (as defined in the Georgia Election Code), and am not affiliated with any political group whose ideals, goals and methods are incompatible with that of the Democratic Party of Georgia (as identified by the Executive Committee of the Democratic Party of Georgia).

Signature of applicant: _____

Please Print Name: _____

Street Address (Must be in Carroll County):

Telephones: _____

Email: _____

Commission Post: _____ Seat _____