



Precinct Committeeman Appointment Form

Congressional District 2 Legislative District _____ Precinct Name _____
Precinct # _____ Number of PC's authorized for Precinct _____ Number of Vacancies _____

Request is hereby made of the Navajo County Board of Supervisors that the following named person be appointed to the office of PRECINCT COMMITTEEMAN in the above-named precinct.

APPLICANT TO COMPLETE, SIGN AND DATE THE FOLLOWING:

FULL AND COMPLETE NAME AS REGISTERED TO VOTE. PLEASE PRINT OR TYPE.

Street, City and Zip Code

Mailing address if different from physical address, city and zip code

Phone Number _____ Date of Birth _____

Voter ID Number _____ Email Address _____

Please INITIAL below:

_____ As a Precinct Committeeman I opt-in to receive official call letters from my Legislative District, County Party and State Party by email using the email address given above.

VERIFY THAT THE INDIVIDUAL IS REGISTERED TO VOTE AT THE ABOVE ADDRESS _____

Applicant Signature and Date

Precinct Captain Signature and Date, if applicable

NCRC Chairman Signature and Date