

## Central Committee Appointment Form

Full legal name: (last)	(first)
Voter registration address:	
	Do you currently live at this address:
Phone numbers (best number to reach ye	ou):
Email address:	
Assembly district for which you are seek	ing appointment:
Current profession and title:	
Have you run for Public Office before?	
If so, for what Office & which year:	
Do you sit or have you ever sat on any bo	pards or commissions (list names and dates of service)?
How long have you been a registered Rep	publican:
Have you been an LAGOP Member or me length of service):	mber of any other county party in CA (list dates and
Have you ever been arrested? If yes, for v	what and when:
Have you ever been convicted of a crime	? If Yes, for what and when:
Have you ever legally changed your name	e? If yes, when and provide previous name(s):
	GOP or Assembly District within LAGOP should be made tment as a Central Committee Member? If Yes, please
	he LAGOP, a member of its Executive Board, Assembly se explain?
In what ways would you like to assist as	a member of your local AD Committee and the LAGOP?
Please add any comments/details that w	ere not covered above:
Signature:	Date:

(By signing this document, you agree that all information provided above is true)