



PERSONAL DATA FORM

Member/Alternate Term of Office; December _____ -December _____

Ex-Officio Term of Office; July _____ -July _____

Check One; ☐ Member ☐ Alternate ☐ Ex-Ofncio

**Instructions: Please complete and return this form with the Oath of Office or Alternate form.
These forms will be kept on file at the Republican Party of Los Angeles County Headquarters.**

Assembly District: _____ Senatorial District: _____ Congressional District: _____

Member's name as Registered to Vote:

Preferred name for name badge and Membership Roster:

Residence address (voter registration): _____

City: _____ State: _____ Zip Code: _____ - _____

Home: (____) _____ Work: (____) _____

Cell: (____) _____ Fax: (____) _____

E-mail address: _____

Business name Title: _____

Business address: _____

City: _____ State: _____ Zip Code: _____ - _____

Preferred mailing address (Check One): ☐ Residence ☐ Business

Optional Information:

Birthday: ____/____/____ High School attended: _____

College; Major: _____

Which service or community organizations are you a member of?

Which Republican organizations are you a member of?
