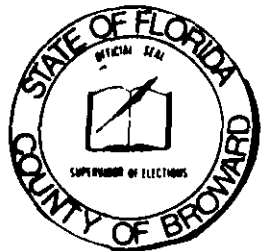


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JANE CARROLL

86 JUN RECD

BROWARD COUNTY SUPERVISOR OF ELECTIONS
APPLICATION FOR CHANGE OF PARTY AFFILIATION

I, _____ residing
(PLEASE PRINT)

at _____

request that my political PARTY affiliation be changed on
the registration books of Broward County, Florida to the
_____ party. (FLORIDA STATUTES...97.072(2))
(Party Affiliation).

I herewith surrender my registration card, and request that
you furnish me a card showing the above requested change.

Birth Date

Signature of Applicant

Telephone No. _____

NOTE:

Please show on your registration card any change of
address. Your CARD will be mailed within four (4)
weeks provided such card shall not be issued while
the registration books are closed pursuant to
FLORIDA STATUTES.. 98.051.