



Resignation Form

Submission of Resignation from the office of:

_____ Precinct Committeeman

_____ State Committeeman

Reason for Resignation:

_____ Moved out of Precinct

_____ No longer able to serve

_____ Deceased

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

FORMER Precinct _____

FORMER Street Address

City

Zip Code

NEW Precinct _____

NEW Street Address

City

Zip Code

Voter Registration Number

Phone

Email Address

Signature (if available)

Date

Legislative District Chairman's signature

Date

MCRC Chairman's signature

Date