VOTER DECLARATION OF PARTY AFFILIATION

I, being a registered voter at the address listed below, do hereby declare that I desire to vote in the primary election of the **REPUBLICAN** Political Party.
(Name of Party)

Name: _____
Last *First* *Middle*

Residence: _____
Street Address *Apt No.*

_____
Municipality *County* *Zip Code*

_____
Signature or mark of registered voter

_____
Date

DECLARATION MUST BE FILED NO LATER THAN 50 DAYS PRECEDING THE PRIMARY IN WHICH THE VOTER WISHES TO VOTE.

Send to: Atlantic County
Commissioner of Registration
1333 Atlantic Ave, Suite 400
Atlantic City, NJ 08401-9951