

Enrollment Card

Name (please print):	·	D. O. B.:
Address (please print):		
	Ward:	Precinct:
I hereby request that my political	party enrollment b	e changed as follows:
From (Name of Party)		
To (Name of Party or Unenrolled)		(9)
Signed under the pains and penalt	ies of perjury.	
Signature:		Date: