

PARTY AFFILIATION DECLARATION

Date _____

I, _____, residing at
(Please print name)_____
(Street or R. R.)_____
City

wish to declare my affiliation with the _____ party.

(Signature)

Precinct _____ Ward _____ City/Township _____

Approved by Secretary of State (K.S.A. 25-3301, as amended).
(This form may be used to comply with 25-3304(c) as amended)