

Chartered Organization Voter Registration Program Affidavit Registration Form

(type or print)

Organization _____	
CA FPPC ID(if applicable)_____	Federal ID(if applicable) _____
Address _____	
City _____	Zip _____
Phone(_____) _____	FAX(_____) _____
Chief Officer's Name _____	
Day Phone(_____) _____	Night Phone(_____) _____
VR Program Manager's Name _____	
Day Phone(_____) _____	Night Phone(_____) _____
E-Mail: _____	

To ensure that all participants of the Chartered Organization Voter Registration Program are complying with the program guidelines, voter registration card affidavit numbers **must** be pre-registered with the CDP.

Only Affidavit Numbers registered in advance with the CDP Office in Sacramento will be eligible for the CDP Chartered Organization Voter Registration Program.

Affidavit Numbers Checked Out _____ through _____

Source of VR cards (i.e. which county clerk): _____

Total number of registration cards being checked out: _____

*10%, at a minimum, of the registration cards must still be verified by phone calls to the voters registered before being submitted to the CDP for payment.

Registration Agreement

I, the undersigned, as the Program Manager of the aforementioned VR program, verify that the foregoing is true and correct. I will read and comply fully with the CDP – Chartered Organization Voter Registration Program Guidelines and with any provision of the California Elections Code applicable to voter registration activities.

Signature of VR Program Manager _____ Date ___/___/___

Mail or FAX this form to: California Democratic Party, Attn: Bill Vratos, 1401 21st St., #200 Sacramento, CA 95811. FAX 916.442.5715. Retain a copy of this form for your records.

CDP Office Use Only

Date received ___/___/___	Approved for the Program ___/___/___
Date Approved ___/___/___	Verified By _____