



APPOINTED MEMBER FORM

Member term of office: Date of Appointment to expiration of term

MEMBER OF THE COUNTY CENTRAL COMMITTEE OF THE REPUBLICAN PARTY OF LOS ANGELES COUNTY

I, _____ hereby declare that I am the Chairman of the County Central Committee of the Republican Party of Los Angeles County for the _____ Assembly District. My Committee has appointed _____ as an Appointed Member of the Los Angeles County Central Committee for AD _____, and I hereby authorize this appointment.

Chairman's name/ signature: _____ Date: _____

Appointed Member's name/ signature: _____ Date: _____

Assembly District: _____



MEMBER/EX-OFFICIO OATH OF OFFICE FORM

Member term of office: December 20 ____ - December 20 ____

Ex-officio Term of office: Upon Certification of Nomination by Secretary of State to next Certification

Instructions: complete both pages of this form and return it with the personal data form. These forms will be kept on file at the LAGOP Headquarters.

Sec. 7408. Oath
Each Member of a Committee, whereas elected to the Committee or appointed to fill a vacancy, before he or she enters the duties of his or her office, shall take and subscribe the oath or affirmation set forth in Section 3 Article XX of the Constitution.

The oath or affirmation required by this section may be taken before the chairperson of the county central committee, the immediate predecessor of the chairperson, or a designee of the chairperson his or her immediate predecessor.

MEMBER/EX-OFFICIO OF THE COUNTY CENTRAL COMMITTEE OF THE REPUBLICAN PARTY OF LOS ANGELES COUNTY OATH OF OFFICE

_____ do so solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic ; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; That I take this obligation freely without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter .
Executed on this _____ day of _____ at _____
Los Angeles, State of California.

Member's signature



PERSONAL DATA FORM

Member term of office: December 2020-December 2024
Ex-officio Term of office: Upon Certification of Nomination from Secretary of State
Circle One: Member - Alternate – Ex-Officio

Assembly District: _____ Senatorial District: _____ Congressional District: _____

Member's name as Registered to Vote: _____

Preferred name for name badge and Membership Roster: _____

Residence address (voter registration): _____

City: _____ State: _____ Zip Code: _____

Home: (____) _____ Work: (____) _____

Cell: (____) _____ Fax: (____) _____

Email address: _____

Business name: _____

Business address: _____

City: _____ State: _____ Zip Code: _____

Preferred mailing address (circle one): Residence / Business

Optional information (Use additional sheet if more room is needed):

Birthday: ____/____/____ High School attended: _____

College: _____ Major: _____

Which service or community organizations are you member of? _____

Which Republican organizations are you a member of? _____