Change of Party Affiliation*

* You must be registered at your current address to use this form.

Print Name: _____
First Middle Last

Address: _____
Street Address City Zip

I am registered as a _____ voter. I now desire to affiliate with the
Current Party Affiliation

_____ party and request that the _____ Board
County or ☐Baltimore City

of Elections make the necessary changes to its records.

Date of Birth: _____

Signature: _____ Date: _____

Additional Information

E-mail: _____

Home Phone: _____

Work Phone: _____

Main Interest or Comments:

Volunteer's name/Location or event:

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