

Application for Enrollment Blank

(Election Law § 5-304)

Important: This form is to be used only for voters previously registered who desire to change their enrollment, or, if not previously enrolled, to enroll as a member of a party. The voter does not have to register again. After the voter has indicated a choice on the bottom of this form it must be returned to:

**Orange County Board of Elections
25 Court Ln, PO Box 30
Goshen, NY 10924
(845) 291-2444**

To be deposited in the locked box provided for change of enrollments.

City/Town _____ Ward _____ District _____ Reg Number _____

I hereby make application for an enrollment blank:

Name _____ Date of Birth _____

Residence Address _____ Apt# _____

City _____ State _____ Zip _____

Date

Signature of Voter

Republican Inspector

Democratic Inspector

CHANGE OF PRIMARY ENROLLMENT

I, _____, DO SOLEMNLY DECLARE THAT I AM A QUALIFIED VOTER OF THE ELECTION DISTRICT IN WHICH I HAVE BEEN REGISTERED, AT THE ADDRESS SO STATED AT THE TOP OF THIS FORM, AND THAT I HEREBY SELECT ONE OF THE BELOW LISTED PARTY ENROLLMENTS:

Choose a Party – Check one box only

- DEMOCRATIC PARTY
- REPUBLICAN PARTY
- CONSERVATIVE PARTY
- WORKING FAMILIES PARTY
- INDEPENDENCE PARTY
- GREEN PARTY
- OTHER (write in) _____
- I DO NOT WISH TO ENROLL IN A PARTY

NOTE: Change will become effective 7 days after the next General Election provided this form is received prior to the last day to register for that election.