

Z-102 5 x 8

CHANGE OF PARTY AFFILIATION

Date _____

I, _____, residing at
(Please print name)

(Street or R. R.)

City

wish to change my party affiliation from the _____ party

to the _____ party.

(Signature)

Precinct _____ Ward _____ City/Township _____

K.S.A. 25-3304(b)