

## LETTER OF ACCEPTANCE – MUNICIPAL CHAIR

The original shall be delivered or sent to the Democratic Committee of Bergen County, 560 Hudson Street, 1st Floor - Suite 3, Hackensack, NJ 07601.

The original form will be sent to the Bergen County Clerk's Office by DCBC.

I, \_\_\_\_\_, hereby certify that I am a member of the **DEMOCRATIC** party and accept the appointment to the office of **Municipal Chair** in the **Municipality of** \_\_\_\_\_, **Ward/District** \_\_\_\_\_ and further certify that I am a resident, a legal voter and qualified under the laws of the State of New Jersey for such appointment.

Date of Appointment: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

(Please use legal name the way you are registered to vote)

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Email: \_\_\_\_\_