

## LETTER OF ACCEPTANCE - COUNTY COMMITTEE

This form must be filled out if the Municipal Chairperson has appointed someone to the County Committee. 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 **County Committee Member** 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: \_\_\_\_\_

Municipal Chairperson Signature: \_\_\_\_\_