

ALLEGHENY COUNTY
DEMOCRATIC COMMITTEE

Eileen Kelly, Chair

Change of Committee Member Request Form
(ALL INFORMATION BELOW IS REQUIRED)

Appointment Request Resignation/Removal Request

CHAIR NAME _____

MUNICIPALITY _____

COMMITTEE MEMBER TO BE ADDED/REMOVED _____

WARD/DISTRICT OR OFFICER POSITION _____

Elections for chair, vice-chair, and secretary must attach attendance list and meeting minutes.

ADDRESS _____ CITY _____

ZIP CODE _____ CELL PHONE NUMBER _____

EMAIL ADDRESS _____ DATE OF BIRTH _____

IF REMOVAL, REASON FOR REMOVAL

DEATH RESIGNATION (*letter must be attached*)

OTHER (please specify): _____

CHAIR SIGNATURE: _____ DATE _____

This form and supporting documents (if necessary) should be mailed to headquarters or emailed to info@allegenydems.com. No changes will be made without this form, filled out in its entirety and sent to the correct address.

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