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American Mothers Political Party Application

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Declaration

I wish to become a member of the American Mothers Political Party.

I am eligible to serve for State and Federal Elections. I am 18 years of age or older, I am an American Citizen (or a legal permanent resident who is eligible to register to vote in the State and Federal Elections) and I have lived at the above address for at least one month.

I consent to this form being forwarded to the Federal Election Commission in support of the party's registration for registration as a political party.

I declare that the information given on this form is true and complete.

Signature _____ Date: ____/____/____

This form may be forwarded to the Federal Election Commission to verify that the party meets the registration requirements. The FEC may contact you to confirm that you are a party member and that you have signed this form. The FEC may enter the details into a database for connecting persons and will enter the name to the party. The information will be treated as confidential by the FEC.

Party Use Only

This is the name of the party member: _____ (name of party member)

Referred to in the statutory declaration issued by me: _____

On the ____ day of _____, 20____

Signature (person making the declaration) _____ Signature (person witnessing the declaration) _____

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On the _____ day of _____, 20____
 I, _____, do hereby certify that the information contained herein is true and correct to the best of my knowledge and belief.
 Signature (person making the certification) _____
 Signature (person witnessing the declaration) _____

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