

CONTACT INFORMATION FORM
RIVERSIDE COUNTY DEMOCRATIC CENTRAL COMMITTEE
MEMBERS – REGULAR OR ALTERNATE/ASSOCIATE

PLEASE PRINT

Name as registered _____

Known as (Nickname) _____ Gender _____

Mailing Address _____

Voter Registration Address (if different from mailing address)

Occupation _____

If self-employed, please provide business name and type of product or services provided. Consultants, please describe the type of consultant services.

Employer or Self Employed Business Name/Service

Employer or Self Employed Business Address

Telephone Numbers

Home _____ Work _____

Cell _____ Fax _____

Email Address

Political Districts

State Assembly _____ State Senate _____

Congressional _____

Official Use Only

Elected Date _____ Appointed Date _____ Date Today _____

Please give original prior to general meeting to – Credentials Chair