

Alternate Appointment Form



All Regular and Ex Officio Members use this form to make alternate appointments. Use a separate form for each person.

For Member Making Appointment

NAME OF MEMBER

Making the Appointment

MEMBER TYPE (check one)

Regular Member

Ex Officio Member

MEMBER'S DISTRICTS:

AD

SD

CD

Supervisor

As a Regular/Ex Officio Member of the SBCDP, I am appointing the following person as my Alternate (indicate Alternate type below):

NAME OF APPOINTED ALTERNATE

APPOINTMENT TYPE (Circle One)

PERMANENT ALTERNATE
(Only Available to Ex Officios)

1ST ALTERNATE

2ND ALTERNATE

3RD ALTERNATE

By signing my name, I authorize this appointed person to vote in my absence. This appointment stands until my membership ends or until I rescind it in writing or until I submit a new form.

Signature: _____

Date: _____

Alternates are required to meet the same residency requirements as the appointing member. Please fill out the information below, but **also fill out the separate MEMBER INFORMATION FORM to pay dues.**

For Appointed Alternate

REGISTERED: FIRST NAME

MIDDLE

LAST NAME

MOBILE PHONE

HOME PHONE

WORK PHONE

EMAIL ADDRESS: _____

YOUR ADDRESS WHERE REGISTERED TO VOTE:

STREET

CITY

ZIP

ALTERNATE'S DISTRICTS:

AD

SD

CD

Supervisor