

District 2, 2017-18 Roster Form

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First Name

MI

Last Name

2017-18 Elected or Appointed Officer

Member ID #

Post Office

District 2 Office

Dept of CA Office

Snail Mail Info

Street Address

City

State

Zip Code

Contact Information

Home Phone #

Mobil / Cell #

Email Address

1. Complete the Above
2. Print a Copy for your records
{On Most Systems, Right Click on the Screen and then click on "**Print**"}
3. Click on "*Submit Form Now*"