



## ALTERNATE AND ASSOCIATE MEMBER APPOINTMENT FORM

**Alternate: I,** \_\_\_\_\_ hereby appoint the person listed below to serve as my Alternate and to vote on my behalf at meetings of the County Central Committee and my Assembly District Caucus for: Assembly District \_\_\_\_, State Senate District \_\_\_\_, Congressional District \_\_\_\_. This appointment is subject to a majority vote of the County Committee.

Member signature: \_\_\_\_\_ Date: \_\_\_\_\_

Alternate Name: \_\_\_\_\_

Alternate Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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**Associate: I,** \_\_\_\_\_ hereby appoint the person listed below to serve as an Associate member.

Member signature: \_\_\_\_\_ Date: \_\_\_\_\_

Alternate Name: \_\_\_\_\_

Alternate Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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Oath of Office and Dues: I solemnly swear that I will support and defend the Constitution of the United States and the State of California against all enemies foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the State California. I take this obligation freely, without any mental reservations.

I agree to abide by the bylaws of the committee including the Code of Ethics. Dues are \$26.00 annually, due at the time of appointment and on January 1<sup>st</sup> of each year thereafter. Payable at [Alamedagop.org](http://Alamedagop.org).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Revised 2/11/2025