



TOWN OF EASTHAM

2500 State Highway, Eastham, MA 02642 - 2544

All departments 508 240-5900

www.eastham-ma.gov

Change of Party Form

This form must be received by the Town Clerk's Office 10 calendar days prior to the Election.



WILLIAM FRANCIS GALVIN
SECRETARY OF THE COMMONWEALTH

Enrollment Card

Name (please print): _____ D. O. B.: _____

Address (please print): _____

_____ Ward: _____ Precinct: _____

I hereby request that my political party enrollment be changed as follows:

From (Name of Party) _____

To (Name of Party or Unenrolled) _____

Signed under the pains and penalties of perjury.

Signature: _____ Date: _____