

## Alternate/Associate/Proxy Appointment

Name of Appointing Person \_\_\_\_\_  
(Must be the Elected, Ex-Officio, DNC, or Regional Director Member)

District (if Elected or Ex-Officio) \_\_\_\_\_ (circle one) AD SD CD

I would like to appoint the following person as my (check one):  
 Primary Alternate  
 Secondary Alternate  
 Associate  
 Proxy for the meeting of \_\_\_\_\_

Name of Appointee \_\_\_\_\_

(Address information is **required** for Alternates and Associates; optional for Proxies)

Voting Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

AD \_\_\_\_\_ SD \_\_\_\_\_ CD \_\_\_\_\_ (Please supply all three; write the name of the elected official if you don't know the number.)

Mailing Address \_\_\_\_\_  
(if different from Voting Address)

City, State, Zip \_\_\_\_\_

Day Phone \_\_\_\_\_  
(include Area Code)

Evening Phone \_\_\_\_\_  
(include Area Code)

Electronic Mail Address \_\_\_\_\_

**IMPORTANT NOTE:** Alternates and Associates (but not Proxies) must pay SCCDCC dues of twenty-five dollars (\$25) per two-year term, or half that if appointed during the second (even) year. Dues may be reduced or waived in case of financial hardship. Contact the Chair or Treasurer for more information.

I certify under penalty of perjury that my alternate/associate/proxy is a registered Democrat who resides in my District (if applicable) or Region (if applicable) and in Santa Clara County.

\_\_\_\_\_  
(Signature of Appointing Member)

\_\_\_\_\_  
(Date)