

VOTER REGISTRATION CARD		
Voter Qualification: <ul style="list-style-type: none"> Are you a student of _____ school? 		<input type="checkbox"/> Yes <input type="checkbox"/> No
LAST NAME	FIRST NAME	MIDDLE NAME
PARTY AFFILIATION: <ul style="list-style-type: none"> <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Other: _____ <input type="checkbox"/> I do not wish to enroll in a political party. 		

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