

**MEMBER OF CITY/TOWNSHIP BOARD OF CANVASSERS  
APPLICATION AND AFFIDAVIT**

\_\_\_\_\_  
Date of Application

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ Length of Residence  
(Street and No. or Rural Route) in City/Township \_\_\_\_\_

Telephone No. \_\_\_\_\_ Email Address \_\_\_\_\_

Registered in Ward \_\_\_\_\_ Precinct \_\_\_\_\_

**Political Party Affiliation** \_\_\_\_\_  
(Required Information)

Place of Employment \_\_\_\_\_

By signing this affidavit, I swear that the statements made above are true. I further acknowledge that if appointed as a member of the Board of Canvassers, I vacate my position on the Board if at any time during my term of office I or a member of my immediate family 1) serves as an election inspector 2) becomes a candidate for any elective office at an election to be canvassed by the Board or 3) serves as a member of the governing body of the city/township for which the Board is established. (MCL 168.30b)

**SIGNATURE OF APPLICANT** \_\_\_\_\_

Subscribed and sworn to by \_\_\_\_\_ Name of Notary \_\_\_\_\_

before me on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ Notary Public, State of Michigan, County of \_\_\_\_\_

My commission expires \_\_\_\_\_

\_\_\_\_\_  
Acting in the County of \_\_\_\_\_

Signature of notary public

**The City/Township of \_\_\_\_\_ supports the Americans with Disabilities Act (ADA). If you are appointed to the canvassing board, any request meeting the guidelines of the ADA will be provided. The duties and responsibilities of the position are available for review.**