



The Board of Elections in the City of New York

Check boxes that apply:

- 1 New registration and enrollment
- Party enrollment change

- I need an application for an Absentee Ballot
- Address Change
- Name Change

- I would like to be an Election Day Worker
- 2 Are you a U.S. citizen? Yes No

IF NO, DO NOT COMPLETE THIS FORM

3 TRUMP

Last:

DONALD

First:

J

MI

Suffix

4 721 FIFTH AVENUE

Address Where You Live (do not give P.O. address)

NEW YORK

City/Town/Village

NY

Apt. No.

10022

Zip Code

5 721 FIFTH AVENUE

Address Where You Get Your Mail (P.O. Box etc)

Post Office

10022

Zip Code

6 06/14/1946

Date of Birth (MM/DD/YYYY)

7 Sex M F

8 (212) 832-2000

Home Telephone-Area Code and Number (optional)

9 2000

The Last Year You Voted

Under the Name (If different from your name now)

Your Address Was (give house number, street and city)

Choose a party - Check one box only

- Republican Party
- Democratic Party
- Independance Party
- Conservative Party
- Liberal Party
- Right To Life Party
- Green Party
- Working Families Party
- I do not wish to enroll in a party

Please Note
In order to vote in a primary election you must be enrolled in a party

AFFIDAVIT I swear or affirm that:

- I am a Citizen of the United States
- I will have lived in the county, city, or village for at least 30 days before election
- This is my signature or mark in the box below

*The above information is true. I understand that if it is not true I can be convicted and fined up to \$5,000 and/or jailed for up to four years.

11 [Handwritten Signature]

Signature or mark

08/06/2001

Date (MM/DD/YY)

RECEIVED
BOARD OF ELECTIONS
CITY OF NEW YORK
2001 AUG -9 AM 8:12

Eng 9/00