

**ALLEGHENY COUNTY**  
**DEMOCRATIC COMMITTEE**

Eileen Kelly, Chair

Change of Committee Member Request Form  
(ALL INFORMATION BELOW IS REQUIRED)

Appointment Request  Resignation/Removal Request

CHAIR NAME \_\_\_\_\_

MUNICIPALITY \_\_\_\_\_

COMMITTEE MEMBER TO BE ADDED/REMOVED \_\_\_\_\_

WARD/DISTRICT OR OFFICER POSITION \_\_\_\_\_

*Elections for chair, vice-chair, and secretary must attach attendance list and meeting minutes.*

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

ZIP CODE \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

IF REMOVAL, REASON FOR REMOVAL

DEATH  RESIGNATION (*letter must be attached*)

OTHER (please specify): \_\_\_\_\_

CHAIR SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

This form and supporting documents (if necessary) should be mailed to headquarters or emailed to [appointments@allegenydems.com](mailto:appointments@allegenydems.com). No changes will be made without this form, filled out in its entirety and sent to the correct address.