



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

**PENNSYLVANIA VOTER HALL OF FAME
MEMBERSHIP APPLICATION**

I, the undersigned, do declare that I am a registered elector of Pennsylvania and that I have voted in every General Election at which I was eligible for 50 or more consecutive years, and that my name, address and county of residence are as listed below:

_____	_____
Signature of Registrar of Voters	Signature of Applicant
	__Mr.
	__Mrs.
	__Ms.

	Printed Name of Applicant

	Address of Applicant

	Post Office/Zip Code
	County

	Area Code/Telephone Number

Seal

INSTRUCTIONS

1. Membership Requirements – Applicants must be registered to vote in Pennsylvania and must have voted at every General Election at which they were eligible for 50 or more consecutive years.
2. How to Apply – Completed application forms must be submitted to the County Registrar of Voters for the certification of the applicant’s voting history.