Wesley Wilcox
Supervisor of Elections
Marion County

Executive Committee
Member Change Form

Member Name and Address (*please print*)	DOB	Precinct	Status
1			☐ Member ☐ Alternate ☐ Add ☐ Drop ☐ Update
2			☐ Member ☐ Alternate ☐ Add ☐ Drop ☐ Update
3			☐ Member ☐ Alternate ☐ Add ☐ Drop ☐ Update
4			☐ Member ☐ Alternate ☐ Add ☐ Drop ☐ Update
5			☐ Member ☐ Alternate ☐ Add ☐ Drop ☐ Update
6			☐ Member ☐ Alternate ☐ Add ☐ Drop ☐ Update
7			☐ Member ☐ Alternate ☐ Add ☐ Drop ☐ Update
8			☐ Member ☐ Alternate ☐ Add ☐ Drop ☐ Update
9			☐ Member ☐ Alternate ☐ Add ☐ Drop ☐ Update
10			☐ Member ☐ Alternate ☐ Add ☐ Drop ☐ Update

Return form and oath (new members only) to:
 Marion County Election Center
 981 NE 16th Street • PO Box 289 • Ocala, FL 34478
Effective date will be Chairman signature date

_____
Signature of Chairman

_____
Date