



FIRST NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

COUNTY: \_\_\_\_\_

ARE YOU A MEMBER OF BREC?: YES  NO

VOTER ID # OR D.O.B? \_\_\_\_\_

DATE & SIGNATURE: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

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