

**STATE OF ALASKA
DIVISION OF ELECTIONS**

**APPLICATION FOR
RECOGNIZED POLITICAL PARTY STATUS**

NAME OF POLITICAL GROUP:

CONTACT INFORMATION (please print):

NAME _____

ADDRESS _____

PHONE NO.: _____ FAX NO.: _____

OTHER CONTACT INFORMATION (cell phone, e-mail) _____

The above-named political group is applying for recognition as a political party in the State of Alaska. With this application is a copy of the by-laws for the group. I understand that the Division of Elections will track the number of voters who are registered to vote with the above-named political group as their party affiliation on voter registration applications. The Division of Elections will notify me when there is a sufficient number of registered voters to grant recognition to our group.

SIGNED: _____ DATE: _____

Hand-deliver this form to: Division of Elections, 240 Main Street, 4th Floor, Juneau, AK
or mail this form to: Division of Elections, PO Box 110017, Juneau, AK 99811-0017