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

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.