

**CERTIFICATE OF ACCEPTANCE  
APPOINTMENT OF COUNTY COMMITTEE MEMBER**

I, \_\_\_\_\_, hereby certify that I am a member of the \_\_\_\_\_  
(Name) (Political Party Name)

party and accept the appointment to the office of County Committee Member in the  
Borough/City/Township of \_\_\_\_\_ Ward \_\_\_\_ District \_\_\_\_ in the County  
of Cape May, NJ and further certify that I am a resident, a legal voter and qualified under the Laws  
of the State of New Jersey for such appointment.

Date of Appointment: \_\_\_\_\_

\_\_\_\_\_  
(Committee Member Signature)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip Code)

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(Email Address)

\_\_\_\_\_  
(Municipal Leader Signature)

(This notice shall be filed with the Cape May County Clerk)