

Below is a Picture of a Voter Registration Card

A voter registration card can enroll you to vote, update your address, name or contact information, and most importantly, it can change your party affiliation.

If you sign this card, and it lists a different party than what you intend to be enrolled as, you will become a member of the new party listed.

Please be cautious about what you are signing as there is a waiting period to enroll from the party you did not intend to be a part of.

If you have received a notice from your town clerk stating that your voter registration process is complete and you did not sign the card below, or believe you were misled, you can reach out to the Secretary of State at 207-626-8400 or email at: SOS.Office@maine.gov.

If you have any additional questions relating to voting, please do not hesitate to contact the Madison Town Clerk at 696-5622 or email at: townclerk@madisonmaine.com.

MAINE VOTER REGISTRATION APPLICATION			PARTY AFFILIATION
 <p>Federally required questions:</p> <p>♦ Are you a citizen of the United States of America? * <input type="checkbox"/> YES <input type="checkbox"/> NO <small>*If NO, DO NOT complete this application.</small></p> <p>♦ Are you at least 18 years of age? ** <input type="checkbox"/> YES <input type="checkbox"/> NO <small>**If NO, but you are at least 16 years of age, you may pre-register to vote.</small></p>			<input type="checkbox"/> Democratic <input type="checkbox"/> Green Independent <input type="checkbox"/> Republican <input checked="" type="checkbox"/> Other qualifying party: <input type="text"/> <input type="checkbox"/> Unenrolled (no party choice)
LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH MM / DD / YY YY
CURRENT RESIDENCE ADDRESS (Physical address where you live)			
STREET NAME AND NUMBER, <u>NOT</u> A P.O. BOX		CITY, TOWN, PLANTATION OR TOWNSHIP	
CURRENT MAILING ADDRESS (Complete if different from above address)			
STREET NAME AND NUMBER, OR P.O. BOX, etc.		CITY/TOWN	ZIP CODE
Have you previously been registered to vote? <input type="checkbox"/> YES <input type="checkbox"/> NO If the answer is "yes" provide address of previous registration below.			TELEPHONE (Optional)
CITY/TOWN	COUNTY	STATE	