

Z-103

**PARTY AFFILIATION DECLARATION**

Date \_\_\_\_\_

I, \_\_\_\_\_, residing at  
(Please print name)

\_\_\_\_\_  
(Street or R. R.) City

wish to declare my affiliation with the \_\_\_\_\_ party.

\_\_\_\_\_  
(Signature)

Precinct \_\_\_\_\_ Ward \_\_\_\_\_ City/Township \_\_\_\_\_

Approved by Secretary of State (K.S.A. 25-3301, as amended).  
(This form may be used to comply with 25-3304(c) as amended)