



# Libertarian Party of Indiana

## Petition for Affiliation



*We, the undersigned, by majority consent in convention on this day, \_\_\_\_\_, do petition the Libertarian Party of Indiana to grant County Organization status to the Libertarian Party of \_\_\_\_\_ County.*

We affirm that the following procedures have been completed:

\_\_\_ The Organizing Convention was publicized according to current LPIN Bylaws and Standing Rules, and the majority of attendees have voted in favor of affiliating with the state party in order to benefit from the privileges and responsibilities therein.

\_\_\_ County Bylaws have been drafted and passed in accordance with the LPIN Bylaws and Standing Rules and have been affixed to this document.

\_\_\_ LPIN Bylaws have been adopted by the county party in accordance with the LPIN Bylaws and Standing Rules.

\_\_\_ County Officers have been elected and assumed responsibility for the maintenance of the county party as prescribed in County Bylaws, LPIN Bylaws and Standing Rules, Indiana laws and regulations, and Federal laws and regulations.

Chairperson:

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Telephone: \_\_\_\_\_

Treasurer:

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Telephone: \_\_\_\_\_

Officer ( \_\_\_\_\_ ):

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Telephone: \_\_\_\_\_

Officer ( \_\_\_\_\_ ):

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_ All members of LPIN in attendance of the Organizing Convention and in support of this petition have signed the signature page on the back of this form.

\_\_\_ A Regular Party Statement of Organization (CFA-3) has been filed with the County Election Board within 10 days of the County Convention, and a copy of the stamped form has been affixed to this document.

\_\_\_ A complete copy of this form with signatures and all attachments is mailed to state headquarters to the attention of the LPIN Secretary or e-mailed to [secretary@lpin.org](mailto:secretary@lpin.org). The county party's custodian of records should retain a copy.

We submit this petition for the consideration of the Libertarian Party of Indiana State Central Committee. We certify that the information on this form is accurate and the process was conducted properly to the best of our knowledge:

Chairperson: \_\_\_\_\_ Date: \_\_\_\_\_

Treasurer: \_\_\_\_\_ Date: \_\_\_\_\_

The undersigned are in support of the Libertarian Party of \_\_\_\_\_ County's affiliation with the Libertarian Party of Indiana.

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*Additional Remarks:*