

CERTIFICATE OF ACCEPTANCE TO BE SIGNED BY CANDIDATE

(N.J.S.A. 19:23-15)

I, the undersigned, hereby certify that I am a member of the _____ Party and qualified for the office.

(Signature of Candidate)

(Printed or Typewritten Name of Candidate)

(Residence Address of Candidate)

(City or Town & Zip Code of Candidate)