

VOTER REGISTRATION

Name of Facility (as it appears on state license): \_\_\_\_\_

\*See below if you own multiple schools

Federal Employer Identification Number: \_\_\_\_\_ License Number: \_\_\_\_\_

Address: (as it appears on state license): \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Name of Owner (as it appears on state license): \_\_\_\_\_

Owner's Voting Representative\*\* \_\_\_\_\_

Voting Representative's Driver's License Number: \_\_\_\_\_

Owner/Representative Signature: \_\_\_\_\_

Owner's Phone: \_\_\_\_\_ Owner's Fax: \_\_\_\_\_

Owner's Email Address: \_\_\_\_\_

\*Multiple schools under one corporate name or owned by a sole proprietor are entitled to a total of one vote for all locations. The voting representative must be an officer of the corporation or member or manager of the LLC and, in either case, listed as such in its most recent Florida annual business report. **A COPY OF THE DRIVER'S LICENSE OF THE PERSON YOU DESIGNATE TO VOTE MUST ACCOMPANY THIS REGISTRATION CARD. ANY REGISTRATION RECEIVED WITHOUT A LEGIBLE COPY OF A DRIVER'S LICENSE WILL NOT BE CONSIDERED A VALID REGISTRATION.**

\*\*A voting representative is defined as an individual authorized to vote as a representative of a faith-based program or a program that is operated by a corporation or LLC. Please provide a letter stating the voting representative's name on the owner's official letterhead, signed by the owner or by the president, chairman of the Board of Directors, member or manager of the owner.