**Solicitud de registro**

**para el procedimiento de selección de las y los Presidentes y Consejeros Electorales que integrarán los Consejos Distritales y Municipales Electorales que se instalarán para el Proceso Electoral 2017-2018**

**en el Estado de Sinaloa.**



Fotografía

**Identificación de la o el aspirante**

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|  | **Apellido paterno** |  | **Apellido materno** | **Nombre (s)** |  |

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Solicito ser considerado (a) como aspirante a ocupar el cargo de:

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| Presidente (a) |  | Consejero (a) Electoral |  | Cualquiera de los dos cargos |  |

conforme a las bases publicadas en la Convocatoria.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Sinaloa a \_\_\_\_\_ de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ de 2017.

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Firma de la o el aspirante