**FORMATO DE LISTA DE AFILIACIÓN MUNICIPAL FORMATO FLM**

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| **ASAMBLEA MUNICIPAL** | |
| **Nombre de la organización ciudadana:** |  |
| **Fecha y hora de inicio:** |  |
| **Domicilio de la asamblea:** |  |
| **Municipio:** |  |
| **Persona responsable de la asamblea por parte de la organización ciudadana.** |  |

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| **No.** | **Clave de elector.** | | | | | | | | | | | | | | | | | | **Número de folio del comprobante de solicitud ante el Registro Federal de Electores del Instituto Nacional Electoral.** | | | | | | | | | | | | | | **Número identificador de la credencial para votar (OCR).** | | | | | | | | | | | | | **Apellido paterno** | **Apellido materno** | **Nombre (s)** | **Domicilio completo (sección, municipio, distrito local y entidad).** |
| **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **…** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Total de personas afiliadas: \_\_\_\_\_\_\_\_** |