

APPENDIX D

Youth Add-On Delegate Application Form

Please print all information

Name: _____ M F

Address: _____

City: _____ Zip: _____

Phone : _____ Email: _____

Date of Birth: ____/____/____

Ward: _____ Precinct: _____

State Senate District: _____

I am active in a Democratic Organization Yes No

If yes, please specify the organization: _____

Please note:

- Youth delegate applicants must be between 18 and 35 years of age.
- All applicants must be registered Democrats as of December 31, 2009
- Under the Method for Selecting Delegates, the youth add-on process gives preference to those who attended their local caucus and those who are active in Democratic organizations.
- Completed application must be returned to the Democratic State Committee by April 5, 2010.

PLEASE MAKE COPIES OF THIS FORM TO DISTRIBUTE AT CAUCUS