

ADD-ON DELEGATE APPLICATION FORM

2007 Democratic State Convention

Instructions:

[1] This form must be filled out **COMPLETELY**.

[2] Completed form must be returned to DSC. ***DEADLINE: 5:00 P.M. March 17, 2007***

[3] Entire form must be **LEGIBLE**.

[4] Check and fill out all categories that apply to you.

To be filled out by add-on Delegate applicant or advocate:

I am applying to be a:

Youth Delegate: My date of birth is ___/___/_____. Youth Delegate applicants must be between 18 and 35 years of age. *The number of youth Delegates will be determined by Rule 32 in the Method of Selecting Delegates.*

Minority Delegate: In accordance with Article One of the Charter of the Massachusetts Democratic Party I am (*choose one*):

Black _ Hispanic _ Asian American _ Native American _ Cape Verdean _

Disabled Delegate: In accordance with Article One of the Charter of the Massachusetts Democratic Party. Please complete box below.

Dear Disabled Applicant:

The Massachusetts Democratic Party appreciates the challenges that people with disabilities face in volunteering and would like you to know that good faith efforts will be made to supply you with reasonable accommodations.

Sincerely, Disability Sub Committee

Please read the following definition which is a part of The Massachusetts Democratic Party Charter:

“Disability/Handicapped, with respect to an individual, means a physical or mental impairment that substantially limits one or more of the major life activities of such individual, a record of such an impairment, or being regarded as having such an impairment.”

Signature of Applicant Required

Date

Name (please print)

(Application continued on next page - please complete and sign this form)

Fill out all information on this application. *Please Use Print*

If you do not know your ward, precinct and state senate district, please call your local elections commission or your City/Town clerk for assistance. Senator's name alone is not acceptable.

Name _____ Male ___ Female ___
Address _____
City _____ Zip Code _____ Ward _____ Precinct _____
Phone _____ Email _____
State Senate District _____

In February 2007, I ran for delegate in my local Caucus: ___Yes ___No

In February 2007, I attended my local Caucus: ___Yes ___No

I have previously attended a State Convention as a Delegate: ___Yes ___No

Under the Method of Selecting Delegates unsuccessful candidates for Delegate are given first preference in the minority add-on application selection process. The youth add-on process gives preference to those who attended their local Caucus and those who are active in Democratic organizations.

I am active in a Democratic organization: ___Yes ___No

(Please specify) _____

I certify that I am a registered Democrat on or before the last business day of the previous year:

Sign: _____ Date: _____

I am requesting the following ADA accommodation: _____

**INCOMPLETE APPLICATIONS WILL BE DISCARDED
LATE APPLICATIONS WILL BE DISCARDED
APPLICATION MUST BE LEGIBLE**

**Completed application must be returned completed to the DSC
DEADLINE: 5:00 p.m. March 17, 2007.**

**If you have any questions, please contact the DSC for assistance.
This application can also be faxed to the DSC.**

**The Massachusetts Democratic Party • Philip W. Johnston, Chair •
56 Roland Street, Suite 203, Boston, MA 02129
(617) 776-2676 • www.massdems.org • Fax (617) 776-2579**