



## National Convention Delegate Candidate Form

**Must be received by:**  
West Virginia Democratic Party  
P.O. Box 11926  
Charleston, WV 25339  
or  
convention2020@wvdemocrats.com

**Check the category(s) you wish to apply as delegate:**

U.S. Congressional District: \_\_\_\_\_ or At-large: \_\_\_\_\_ or Alternate \_\_\_\_\_  
*(elected by state convention delegates)* *(elected by State Executive Committee)* *(elected by State Executive Committee)*

**Presidential Candidate you support:** \_\_\_\_\_

County: \_\_\_\_\_ U.S. Congressional District: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Circle One:** Male Female Non-binary

**Street Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Cell: \_\_\_\_\_

**Email:** \_\_\_\_\_

Check if you're an elected official, public office holder or party leader. Title: \_\_\_\_\_

I hereby swear and affirm that I am a registered Democrat and a legal resident of the above listed county:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The information below is not required and will not be distributed at the State Convention. It is used to calculate the demographic makeup of our delegates.**

Age: \_\_\_\_\_ What is your racial/ethnic background: \_\_\_\_\_

Are you a member of any of the following constituency groups? *(check all that apply)*

\_\_\_\_\_ Youth (18 to 35 yrs. of age) \_\_\_\_\_ Senior (over 65 yrs. of age) \_\_\_\_\_ Disabled \_\_\_\_\_ LGBT

\_\_\_\_\_ Veteran or Active Duty Military: \_\_\_\_\_ Labor Union: \_\_\_\_\_  
(Please indicate branch) (Please indicate affiliation)