



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:

Pledged Party Leader Elected Officials: _____

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)