Legislative District	County	

2018 Democratic Legislative District Caucus Legislative District Caucus Delegate/Alternate Contact Info Form

"I am a registered voter at the address written here. I consider myself to be a Democrat and I agree that my attendance at this caucus and election as a delegate or alternate is a matter of public record."

Full Name (As Registere	d – Pleas	e Print C	learly)									
Signature												
Gender Ide	ntity						Date of Birth					
Phone							Check here this is a cell phone					
Email Addre	ess											
Registration Address	n					_						
Registration	n City	,					Registration Zip Code					
Mailing Add (Or "Same o		e")										
Mailing City							Mailing Zip Code					
Important, but Optional												
Ethnicity												
LGBTQ?			Disabled? Veteran?			Union?]				
YES, I would like to be a volunteer!												
To be completed by the Caucus Chair or Secretary												
Deleg	elegate 🔲 Alternate 🗀 📉		Alternate Number Circle one)	1 2	1 2 3 4 5 6 7 8 9							



This form must be returned to Party Affairs Director Olgy Diaz BY MARCH 29, along with Delegate and Alternate Report Form, for your Legislative District delegates and alternates to be seated at the State Convention.

Email: olgy@wa-democrats.org Fax: (206) 583-0301 Mail to: PO Box 4027, Seattle, WA 98194