

2007 FLORIDA DEMOCRATIC PARTY STATE CONVENTION

* OCTOBER 26-28, 2007 *

* DISNEY'S YACHT & BEACH CLUB RESORT * LAKE BUENA VISTA, FLORIDA *

DELEGATE QUALIFICATION FORM

(Deadline for submission: September 14, 2007)

All Registered Democratic voters in the State of Florida are eligible to apply to be a Delegate to the 2007 State Convention.

Please do not fill out this form if you have already been accepted as a Delegate by your County Democratic Executive Committee (DEC). If you were not accepted or did not apply to your DEC, you may apply directly to State Party Headquarters. All applicants, including elected officials, must complete this form in order to be considered.

Mail the completed application, including the Delegate Qualification Form (page 1 of this document), Loyalty Oath (page 2), and \$35 delegate fee (\$20 for students) made payable to the Florida Democratic Party to:

Florida Democratic Party
Attn: Director of Party Affairs
214 S. Bronough Street
Tallahassee, FL 32301

CANDIDATE INFORMATION (Please Print)

Name (as it appears on your Voter ID Card): _____
(Last) (First) (Middle)

Street address: _____
(Street) (City) (State) (Zip Code)

Mailing address (if different): _____

Phone (circle preferred): (Home) ____ - ____ - ____ (Work) ____ - ____ - ____ (Cell) ____ - ____ - ____

E-mail Address: _____ Are you a Member of your local DEC: YES/NO

County: _____ Precinct Number: _____ If Elected Official, Office Held: _____

Employer: _____ Occupation: _____

I certify that I am a registered Democrat in the county named above. I am committed to working actively for the election of Democratic candidates in the 2008 elections.

(Signed) _____ (Date) _____

COMPLETED LOYALTY OATH (SEE NEXT PAGE)

(Signed) _____ (Date) _____

Paid for by the Florida Democratic Party. Delegate fees for this event are a contribution to the Florida Democratic Party. Contributions or gifts to the Florida Democratic Party are not tax deductible for Federal income tax purposes. Delegate fees are non-refundable.

FLORIDA DEMOCRATIC PARTY LOYALTY OATH

County of _____, State of Florida

I, _____, having been duly sworn, say that I am a member of the Democratic Party of the United States; that I am a qualified elector of _____ County, Florida; that during my term of office, I will not support the election of the opponent of any Democratic nominee; I will not oppose the election of any Democratic nominee, nor will I support any non-Democrat against a Democrat in any election other than in judicial races; that I am qualified under the Constitution and Laws of the State of Florida and the Charter and Bylaws of the Florida Democratic Party to hold the office I am seeking, or to which I have been elected; that I have not violated any of the laws of the State of Florida relating to election or the Charter and Bylaws of the Florida Democratic Party.

Print Name

Signature

ALL LOYALTY OATHS MUST BE NOTARIZED BY A NOTARY PUBLIC

Sworn to and subscribed before me this _____ day of _____,
20_____, at _____ County, Florida.

Signature of Officer Administering Oath

(For use by the Florida Democratic Party)

Received on _____ at _____ by _____
(Date) (Time) (Name)

County: _____ Party Staff _____ CC _____ VC _____ SCW _____ SCM _____