



2024 DELEGATE PLEDGE FORM

Applying For: <input type="checkbox"/> State Caucus Delegate and/or <input type="checkbox"/> National Convention Delegate	Participant Classification: <input type="checkbox"/> Subdivision Level <input type="checkbox"/> Party Leader & Elected Official <input type="checkbox"/> At Large <input type="checkbox"/> At Large Alternate
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PLEASE PRINT: Name: _____ Phone: (____) _____	Address: _____ City: _____ State: _____ Zip: _____
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Email Address: _____

Representative District: _____

Presidential Candidate: _____

Demographics Info (*Optional, Select all that apply*):

Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary	Ethnic Group: <input type="checkbox"/> African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other	Constituency Group: <input type="checkbox"/> Youth <input type="checkbox"/> Senior <input type="checkbox"/> LGBT <input type="checkbox"/> Disabled
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☐ I certify that the information above is correct, and that I am a registered Democrat in the Representative District listed above.

SIGNATURE: _____

DATE SUBMITTED: ____ / ____ / ____