

District Number _____

RETURN TO STATE HEADQUARTERS IMMEDIATELY AFTER DISTRICT CONVENTION

DELEGATES ELECTED TO 2020 STATE CONVENTION

This form is required to seat DISTRICT DELEGATES at State Convention, and it **must** be signed by the District Chair in order to be recognized by the State Party.

Please complete and mail to: Democratic-NPL Headquarters, 1902 East Divide Ave., Bismarck ND 58501.

Number of delegates and alternates for the State Convention to be selected by this District:

Each delegate, for the purpose of conforming to Affirmative Action Guidelines, must be identified by sex, race and if they are under 25 years of age. Each District is required to attempt to have a balanced gender representation in their district delegation.

PLEASE PRINT

(Page ____ of ____)

1. Last Name: _____ First Name: _____

Street Address: _____

City/Town: _____ Zip: _____

Phone: _____

E-mail: _____

Race: _____ Age: _____ Sex: _____

2. Last Name: _____ First Name: _____

Street Address: _____

City/Town: _____ Zip: _____

Phone: _____

E-mail: _____

Race: _____ Age: _____ Sex: _____

3. Last Name: _____ First Name: _____

Street Address: _____

City/Town: _____ Zip: _____

Phone: _____

E-mail: _____

Race: _____ Age: _____ Sex: _____

4. Last Name: _____ First Name: _____

Street Address: _____

City/Town: _____ Zip: _____

Phone: _____

E-mail: _____

Race: _____ Age: _____ Sex: _____

5. Last Name: _____ First Name: _____

Street Address: _____

City/Town: _____ Zip: _____

Phone: _____

E-mail: _____

Race: _____ Age: _____ Sex: _____

6. Last Name: _____ First Name: _____

Street Address: _____

City/Town: _____ Zip: _____

Phone: _____

E-mail: _____

Race: _____ Age: _____ Sex: _____

7. Last Name: _____ First Name: _____

Street Address: _____

City/Town: _____ Zip: _____

Phone: _____

E-mail: _____

Race: _____ Age: _____ Sex: _____

8. Last Name: _____ First Name: _____

Street Address: _____

City/Town: _____ Zip: _____

Phone: _____

E-mail: _____

Race: _____ Age: _____ Sex: _____

9. Last Name: _____ First Name: _____

Street Address: _____

City/Town: _____ Zip: _____

Phone: _____

E-mail: _____

Race: _____ Age: _____ Sex: _____

10. Last Name: _____ First Name: _____

Street Address: _____

City/Town: _____ Zip: _____

Phone: _____

E-mail: _____

Race: _____ Age: _____ Sex: _____

11. Last Name: _____ First Name: _____

Street Address: _____

City/Town: _____ Zip: _____

Phone: _____

E-mail: _____

Race: _____ Age: _____ Sex: _____

12. Last Name: _____ First Name: _____
Street Address: _____
City/Town: _____ Zip: _____
Phone: _____
E-mail: _____
Race: _____ Age: _____ Sex: _____

Make additional copies as needed.

SIGNATURE OF DISTRICT CHAIR: _____

District Number _____

RETURN TO STATE HEADQUARTERS IMMEDIATELY AFTER DISTRICT CONVENTION

ALTERNATES ELECTED TO 2020 STATE CONVENTION

This form is required to seat DISTRICT ALTERNATES at State Convention, and it **must** be signed by the District Chair in order to be recognized by the State Party.

Please complete and mail to: Democratic-NPL Headquarters, 1902 East Divide Ave., Bismarck ND 58501.

Number of delegates and alternates for the State Convention to be selected by this District:

Each alternate, for the purpose of conforming to Affirmative Action Guidelines, must be identified by sex, race and if they are under 25 years of age. Each District is required to attempt

to have a balanced gender representation in their district delegation.

PLEASE PRINT

(Page ____ of ____)

1. Last Name: _____ First Name: _____

Street Address: _____

City/Town: _____ Zip: _____

Phone: _____

E-mail: _____

Race: _____ Age: _____ Sex: _____

2. Last Name: _____ First Name: _____

Street Address: _____

City/Town: _____ Zip: _____

Phone: _____

E-mail: _____

Race: _____ Age: _____ Sex: _____

3. Last Name: _____ First Name: _____

Street Address: _____

City/Town: _____ Zip: _____

Phone: _____

E-mail: _____

Race: _____ Age: _____ Sex: _____

4. Last Name: _____ First Name: _____

Street Address: _____

City/Town: _____ Zip: _____

Phone: _____

E-mail: _____

Race: _____ Age: _____ Sex: _____

5. Last Name: _____ First Name: _____
Street Address: _____
City/Town: _____ Zip: _____
Phone: _____
E-mail: _____
Race: _____ Age: _____ Sex: _____

6. Last Name: _____ First Name: _____
Street Address: _____
City/Town: _____ Zip: _____
Phone: _____
E-mail: _____
Race: _____ Age: _____ Sex: _____

7. Last Name: _____ First Name: _____
Street Address: _____
City/Town: _____ Zip: _____
Phone: _____
E-mail: _____
Race: _____ Age: _____ Sex: _____

8. Last Name: _____ First Name: _____
Street Address: _____
City/Town: _____ Zip: _____
Phone: _____
E-mail: _____
Race: _____ Age: _____ Sex: _____

9. Last Name: _____ First Name: _____
Street Address: _____

City/Town: _____ Zip: _____

Phone: _____

E-mail: _____

Race: _____ Age: _____ Sex: _____

10. Last Name: _____ First Name: _____

Street Address: _____

City/Town: _____ Zip: _____

Phone: _____

E-mail: _____

Race: _____ Age: _____ Sex: _____

11. Last Name: _____ First Name: _____

Street Address: _____

City/Town: _____ Zip: _____

Phone: _____

E-mail: _____

Race: _____ Age: _____ Sex: _____

12. Last Name: _____ First Name: _____

Street Address: _____

City/Town: _____ Zip: _____

Phone: _____

E-mail: _____

Race: _____ Age: _____ Sex: _____

Make additional copies as needed.

SIGNATURE OF DISTRICT CHAIR: _____

State Convention Committee Members
(Each district is allotted one person to serve on each committee)

1. Platform Committee:

Last Name: _____ First Name: _____

Street Address: _____

City/Town: _____ Zip: _____

Phone: _____

E-mail: _____

2. Credentials Committee

Last Name: _____ First Name: _____

Street Address: _____

City/Town: _____ Zip: _____

Phone: _____

E-mail: _____

3. Rules and Bylaws Committee

Last Name: _____ First Name: _____

Street Address: _____

City/Town: _____ Zip: _____

Phone: _____

E-mail: _____