

SPEAKER APPLICATION

PERSONAL INFORMATION		
PLEASE NOTE: The information collected by <i>Palmdale Freedom Coalition</i> and provided by you <u>WILL NOT BE SHARED</u> to anyone outside the leadership of our group. Under penalty and perjury, the information you are providing is true and accurate to the best of your ability.		
First Name: (REQUIRED)		
Last Name: (REQUIRED)		
Mailing Address: (OPTIONAL)		
City:(REQUIRED) State: (REQUIRED)		
Ph#: () -	E-mail:	
How did you hear about us? (REQUIRED)		
Political Affiliation: (OPTIONAL)		
Political Opportunity Score:	(REQUIRED)	
(Using your phone, hover your camera on the QR CODE ar of survey a score or range will be given record it above in some or Goto: https://challenge.oppscore.org/	nd click the link that pops up. Upon completion pace provided.)	
CONVERSATION		
What organizations are you working with? (REQUIRED)		
What bullet points do you want to discuss? (REQUIRED)		
What groups have you spoken to? (REQUIRED)		
Are you seeking an endorsement from PFC?	If so, why? (REQUIRED)	