



Delegate/Alternate Request Form
District and or State Conventions

Instructions: Please fill out ALL requested information below. All fields are needed for us to verify you and your precinct in order to be considered as a delegate/alternate. Please provide your legal name and address as it appears on the voter registration list. You may put N/A for any field where information does not exist. This form also requires a legal signature in order to be valid. This form can be mailed to Fayette County Republican Party, PO Box 1059, Fayetteville, GA 30214 or emailed to Lane Watts @ lwattsga@gmail.com no later than March 18, 2020. PLEASE PRINT ALL INFORMATION and SIGN!

Privacy: the Fayette County Republican Party values your privacy and will safe-guard and handle the provided information in a confidential manner. The information you provide will ONLY be used by the Fayette County Republican Party for communications and credentialing purposes at the County, District and State Conventions and shall not be used for any other purpose either inside or outside the Party including but not limited to event notifications, donation drives, call or mailing lists without seeking additional written consent from you.

To Whom It May Concern:

I wish to be considered as a delegate or alternate to the District and or State Republican Party County Conventions.

First Name: _____

Middle Initial: _____

Last Name: _____

Street Address (NO PO Box) _____

City: _____

Zip: : _____

Home phone: : _____

Cell Phone: : _____

Email Address: : _____

Date of Birth: (NOT required, but helps when verifying information): ____/____/____

Signature: _____

I WISH TO BE CONSIDERED AS A DELEGATE TO THE (Check one or both)

_____ District Convention

_____ State Convention