

LIBERTARIAN PARTY OF FLORIDA

Affirmation of Qualifications for Delegate

I, _____, request to be a Delegate to the
(print your name)

LPF Convention and Annual Business Meeting; and affirm;

that I have taken the pledge against the initiation of force;

that I am a member of the Libertarian Party of Florida;

that I am qualified under the Constitution and By-Laws of the Libertarian Party of Florida.

X _____
Signature of Delegate Date

Address _____

City _____ State _____ Zip _____

County _____ Phone _____

E-Mail _____

Below for verification purposes by the LPF Secretary or his/her designee.

LPF Member/Pledge Registered Libertarian Qualified Delegate

Verified this date _____ by _____

X _____
Signature of person verifying qualifications

To qualify to be an LPF Convention and Annual Business Meeting Delegate, complete & sign this form and send to the LPF Secretary at PO Box 3012, Winter Park, FL 32790-3012.

LPF Document/2005