

***Delegate Application Form***  
**Women's State Legislative Council of Utah**

**Name of Organization:** \_\_\_\_\_  
(As known by your organization's constitution)

**Total Membership:** \_\_\_\_\_

**Current President:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Email:** \_\_\_\_\_

*Email is our main method of communication. Please write clearly.  
Please check here if you do NOT want your name printed in the membership directory \_\_\_\_\_  
Please indicate your political party affiliation. This will help the Nominating Committee create a slate  
equally balanced between the two major political parties for the biennial election.*

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**Organization Delegates**

Name _____
Address _____
City, State, Zip _____
Phone (w) _____ (h) _____
Other _____
Email _____
Political Party: <input type="checkbox"/> Republican <input type="checkbox"/> Democratic

Name _____
Address _____
City, State, Zip _____
Phone (w) _____ (h) _____
Other _____
Email _____
Political Party: <input type="checkbox"/> Republican <input type="checkbox"/> Democratic

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**Individual Delegate**

Name _____
Address _____
City, State, Zip _____
Phone (w) _____ (h) _____
Other _____
Email _____
Political Party <input type="checkbox"/> Republican <input type="checkbox"/> Democratic

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**Board Delegate**

Name _____
Address _____
City, State, Zip _____
Phone (w) _____ (h) _____
Other _____
Email _____
Political Party <input type="checkbox"/> Republican <input type="checkbox"/> Democratic

Dues are \$40 per delegate for the 2011-2013 biennium. Your canceled check will serve as your receipt.

**Please return this form and dues to:**

Jessica Christopher  
WSLC Treasurer  
9249 S 3040 E  
West Jordan, UT 84088

**WSLC USE ONLY**

**Date Paid:** \_\_\_\_\_

**Am't Paid:** \_\_\_\_\_

**Check #:** \_\_\_\_\_ **Pd. Cash** \_\_\_\_\_

**Rec'd By:** \_\_\_\_\_ (Initials)