

American Legion Auxiliary Wyoming Girls State

Application for Nomination by Party Primary

I, _____, certify that I was born on _____,
(Month, Day, Year)

that I have been chosen as a Delegate to the American Legion Auxiliary Girls State for

_____, and I hereby request that my name be printed upon the official party ballot
(Year)

at the primary election as a candidate for the office of _____.

My second choice for elected office is _____.

Dated this _____ day of _____, 20 ____.

Signature

***Print or type your name exactly
as you wish it to appear on the ballot.***

Actual Residential Address

City, State Zip Code

Telephone Number

REMINDER - File only for a County, State or National Office.

Do not file for House, Senate, Party, or City Offices.

See "Duties of Elected Officials" for complete list and duties.

SIGN AND RETURN THIS FORM WITH WAIVER CARD