

## ▲ Affirmation of Qualifications

I, \_\_\_\_\_, request to be a  
(PRINT Your NAME, First, Middle, Last)

\_\_\_ State Convention and Business Meeting DELEGATE

\_\_\_ Candidate for State PARTY Office \_\_\_\_\_

\_\_\_ Candidate for State PUBLIC Office \_\_\_\_\_

\_\_\_ National Convention and Business Meeting DELEGATE

\_\_\_ I affirm that “I do not believe in or advocate the initiation of force  
as a means of achieving political or social goals”

\_\_\_ I affirm that I am a registered Libertarian VOTER  
in \_\_\_\_\_, County Florida  
My registration number is \_\_\_\_\_

X \_\_\_\_\_  
Signature Date MM-DD-YYYY

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Phone \_\_\_\_\_

E-Mail \_\_\_\_\_



**LIBERTARIAN PARTY of Florida**

[www.LPF.org](http://www.LPF.org)

Mail To: Greg Lennon, 7943 W. Hawthorne Pl., Homosassa FL 34448