

**COVER SHEET**

**“I have read and understand the KPFA Local Station Board election rules provided me and as a qualified voter, declare my candidacy for the listener/sponsor Delegate seat on the KPFA Local Station Board.”**

**My Candidate status is:** \_\_\_\_\_ Listener \_\_\_\_\_ Staff

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

**Type or print your name exactly as you wish it to appear on the ballot.**

**Mailing address (if different from above)**

Street \_\_\_\_\_

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

Preferred phone \_\_\_\_\_ (Circle one: home work cell)

Other phone \_\_\_\_\_ (Circle one: home work cell fax)

Email \_\_\_\_\_

**Complete contact information is REQUIRED. If we are unable to contact you, you will not appear on the ballot.**

**Are you 16 years of age or older?** \_\_\_\_\_ yes \_\_\_\_\_ no

**The following demographic data is requested to satisfy Pacifica’s diversity goals, but is not required:**

What is your gender? \_\_\_\_\_

What is your race? \_\_\_\_\_

What is your sexuality? \_\_\_\_\_

Do you have any physical Disabilities? \_\_\_\_\_