

Grassroots Delegate Application

Official's name			Office Held			D	District #	
Federal	State	Party Affiliation:	Rep.	Dem.	Other			
Your Name								
Address			_ City		Zip			
Phone		Email						
Credit Unior	າ							
Are you regi	istered to Vo	te in Florida? Yes	No	Do you	live in the offic	ial's district? Yes	No	
Did you pers	sonally contr	ibute to their most re	cent cam	paign? \	es No			
Do you give	to CUPAC/F	edPAC? Yes No	Wha	at level?	Chairman's Clu	b (\$1,000 or mor	e)	
President's	Club (\$500-\$	999)	b (\$250-	\$499)	Congression	al Club (\$100-\$24	19)	
Ambassado	r Club (\$50-\$	(99) Advocate's (Club (\$25	-\$49)				
What is you	r relationshi	p to the official?						

Thank you for agreeing to participate in the LSCU Grassroots Delegate Program! All Delegates are encouraged to complete the following:

- Serve a full two-year term
- > Attend all meetings Advocacy Conference, CUNA GAC, Hike-the-Hill
- > Respond to all Calls for Action
- Understand the legislative issues
- > Communicate with your official once per quarter
- > Email Advocacy team with pertinent information from any contact with official
- Contact legislator in District to establish a strong relationship
 - ❖ failure to complete the tasks above <u>will not</u> preclude anyone from eligibility as a Grassroots Delegate