



ADVOCACY DAY

Albany, New York

(Please complete the entire application to be a representative at Advocacy Day)

Applicant Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Cell Phone Number: () _____ Student Identification Number: _____

E-mail Address: _____

Civic Information

Please answer YES or NO to the following questions:

Are you a U.S. Citizen?

Yes No

Are you registered to vote?

Yes No

Are you a resident of the State of New York?

Yes No

If not, what state are you from? _____

What state are you registered to vote in?
