



2017 CANDIDATE APPLICATION FOR PRO-LIFE CERTIFICATION

Please complete the following information:

Full legal name of candidate Preferred Name

Campaign Name and Address

Office you are seeking Yes: _____ No: _____
Are you an incumbent?

Have you ever been elected before? If so, please list office/s and term/s you served.

Home address of Candidate (this will not be disclosed) County

Phone number to contact Candidate or agent Email

Please answer the following questions (you may use additional paper if necessary):

Incumbent - If you have held public office previously and had the chance to sponsor and/or vote on pro-life legislation, please provide any details or commentary you may have with regard to your sponsorship or voting that you deem helpful in affirming or explaining your commitment to support pro-life laws:

Non-Incumbent - Please provide additional information to support your position as a pro-life candidate. Information may be considered such as your support for a local pregnancy resource center, support or participation with other organizations committed to protect the sanctity of human life, adoption of a child, personal effort in support of pro-life causes (such as speaking or writing), etc.

_____ (initial) I acknowledge GLAC may at times conduct an additional interview of any candidate to inquire further into his or her commitment to support pro-life legislation.

_____ (initial) Voting records of incumbents on pro-life legislation will be considered with regard to this application. GLAC will be granting the Pro-Life Certification, votes on all pro-life legislation over the past four (4) years will be reviewed.

_____ (optional initial) Please initial here if you do not want your Questionnaire and Pro-Life Certification to be published by GLA.

By signing below, I acknowledge that I have personally provided the answers herein and that upon receiving the GLA Pro-Life Certification, GLA may publish my completed Questionnaire and Pro-Life Certification. I understand that GLA will not publish my Application for Pro-Life Certification. I further acknowledge that if given a Pro-life Certification, I must request the GLA Certified Pro-Life Seal in writing to camila@georgialifealliance.com.

DATE

SIGNATURE

PRINT NAME

**Please return completed document to:
Georgia Life Alliance Committee
2451 Cumberland Parkway, Suite 3205
Atlanta, GA 30339**