

GROUP/ALTERNATE GROUP REPRESENTATIVE
REGISTRATION FORM

8/09

The Area submits the following name to the Region for acknowledgment as an authorized Group/Alternate Group Representative, until notified otherwise.

CHECK ONE:

GROUP REPRESENTATIVE [] ALTERNATE []

NAME

ADDRESS

PHONE

NUMBER

DISTRICT

GROUP

EMAIL

Complete the following if registering a new Group Representative:

PREVIOUS GROUP REPRESENTATIVE

EFFECTIVE DATE

SUBMITTED

BY: _____

DATE: _____

GROUP/ALTERNATE GROUP REPRESENTATIVE

SUBSTITUTION FORM

8/09

For purposes of group representation at the Assembly, the Area hereby submits the following name(s), acting on behalf of the Group(s) in place of the Group Representative/Alternate Group Representative(s) for the following meetings:

Name _____

Group _____

Name _____

Group _____

Name _____

Group _____

Signed by: _____

Date: