

MEMBERSHIP ROSTER

Name of Organization: _____

PRESIDENT: _____ Phone: _____

Address: _____ City: _____ State: _____

Email: _____

VICE PRESIDENT: _____ Phone: _____

Address: _____ City: _____ State: _____

Email: _____

SECRETARY: _____ Phone: _____

Address: _____ City: _____ State: _____

Email: _____

REGULAR DELEGATES (2)

Name: _____ Phone: _____

Address: _____ City: _____ State: _____

Email: _____

Name: _____ Phone: _____

Address: _____ City: _____ State: _____

Email: _____

ALTERNATE DELEGATES (2)

Name: _____ Phone: _____

Address: _____ City: _____ State: _____

Email: _____

Name: _____ Phone: _____

Address: _____ City: _____ State: _____

Email: _____