



2018 Convention Delegates/Alternates Reporting Form

Chapter No. _____ District No. _____

Date Meeting was Held: _____ Number of Attendance: _____

DELEGATES

NAME	MEMBER ID#	ADDRESS
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		

ALTERNATES

NAME	MEMBER ID#	ADDRESS
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		

HEADQUARTERS USE ONLY

Total Membership as of 12/31/2017: _____

Chapter Entitled Votes: _____

Received Date: _____

Attested By:

Chapter President: _____

Chapter Secretary: _____

Date: _____