

POSITION	LAST NAME	FIRST NAME	ADDRESS	PRIMARY PHONE	EMAIL
District Chair					
Vice Chair*					
Secretary					
Treasurer*					

* Optional

Signature/Date of District Chair: _____

POSITION	LAST NAME	FIRST NAME	ADDRESS	PRIMARY PHONE	EMAIL
District Rep 1 Issues, Program and Platform/Resolutions Committee					
District Rep 2 Issues, Program and Platform/Resolutions Committee					
District Rep 1 Rules Committee					
District Rep 2 Rules Committee					
District Rep 1 Credentials Committee					
District Rep 2 Credentials Committee					

Signature/Date of District Chair: _____