

2019/20 DELEGATES

REGION _____

(If your region has more than three – other than the President, President Elect and VP for Legislative Action)

DELEGATE - 4

Name: _____ Social Security #: _____

Title: _____ District: _____

School: _____

Address: _____

City/State/Zip: _____

Home Address: _____

Work phone: _____ Work Fax Number: _____

Home phone: _____ E-mail Address _____

Please check the appropriate box for affirmative action: Male Female

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> African/American | <input type="checkbox"/> Asian | <input type="checkbox"/> Caucasian |
| <input type="checkbox"/> Eskimo-American | <input type="checkbox"/> Pacific-Islander | <input type="checkbox"/> Latino |
| <input type="checkbox"/> Filipino | | |

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REGION _____

(If your region has more than three – other than the President, President Elect and VP for Legislative Action)

DELEGATE - 5

Name: _____ Social Security #: _____

Title: _____ District: _____

School: _____

Address: _____

City/State/Zip: _____

Home Address: _____

Work phone: _____ Work Fax Number: _____

Home phone: _____ E-mail Address _____

Please check the appropriate box for affirmative action: Male Female

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> African/American | <input type="checkbox"/> Asian | <input type="checkbox"/> Caucasian |
| <input type="checkbox"/> Eskimo-American | <input type="checkbox"/> Pacific-Islander | <input type="checkbox"/> Latino |
| <input type="checkbox"/> Filipino | | |

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REGION _____

(If your region has more than three – other than the President, President Elect and VP for Legislative Action)

DELEGATE - 6

Name: _____ Social Security #: _____

Title: _____ District: _____

School: _____

Address: _____

City/State/Zip: _____

Home Address: _____

Work phone: _____ Work Fax Number: _____

Home phone: _____ E-mail Address _____

Please check the appropriate box for affirmative action: Male Female

- African/American
- Eskimo-American
- Filipino
- Asian
- Pacific-Islander
- Caucasian
- Latino

2019/20 DELEGATES

REGION _____

(If your region has more than three – other than the President, President Elect and VP for Legislative Action)

DELEGATE - 7

Name: _____ Social Security #: _____

Title: _____ District: _____

School: _____

Address: _____

City/State/Zip: _____

Home Address: _____

Work phone: _____ Work Fax Number: _____

Home phone: _____ E-mail Address _____

Please check the appropriate box for affirmative action: Male Female

- African/American
- Eskimo-American
- Filipino
- Asian
- Pacific-Islander
- Caucasian
- Latino