

Polish Falcons of America

2019 District Convention Delegate Registration Form

District Executive Board

Please check which District Officers will be Delegates to the District Convention.

Position	Name	Yes	No
President	_____	<input type="checkbox"/>	<input type="checkbox"/>
Female V.P.	_____	<input type="checkbox"/>	<input type="checkbox"/>
Male V.P.	_____	<input type="checkbox"/>	<input type="checkbox"/>
Recording Secretary	_____	<input type="checkbox"/>	<input type="checkbox"/>
Treasurer	_____	<input type="checkbox"/>	<input type="checkbox"/>
Instructor	_____	<input type="checkbox"/>	<input type="checkbox"/>
Director	_____	<input type="checkbox"/>	<input type="checkbox"/>
Director	_____	<input type="checkbox"/>	<input type="checkbox"/>
Director	_____	<input type="checkbox"/>	<input type="checkbox"/>
Director	_____	<input type="checkbox"/>	<input type="checkbox"/>
Director	_____	<input type="checkbox"/>	<input type="checkbox"/>
Director	_____	<input type="checkbox"/>	<input type="checkbox"/>
Director	_____	<input type="checkbox"/>	<input type="checkbox"/>
Director	_____	<input type="checkbox"/>	<input type="checkbox"/>
Director	_____	<input type="checkbox"/>	<input type="checkbox"/>

Certification

I certify that the individuals on the form are qualified to be delegates to the District Convention.

Recording Secretary _____

Print Name _____

Date _____