



AHEPA District 20 Delegate Reporting Form for the 20__ District 20 Convention

This is to certify that on the _____ day of _____, 20____, Chapter # _____ located at _____,
_____ elected the following members in good standing as delegates and alternates to the 20__ District 20 Convention :

Delegate 1:

Name : _____ National Serial No. _____

Address : _____

Home # : _____ Business # : _____

Fax # : _____ E-mail Address : _____

Delegate 2:

Name : _____ National Serial No. _____

Address : _____

Home # : _____ Business # : _____

Fax # : _____ E-mail Address : _____

Delegate 3:

Name : _____ National Serial No. _____

Address : _____

Home # : _____ Business # : _____

Fax # : _____ E-mail Address : _____

Delegate 4:

Name : _____ National Serial No. _____

Address : _____

Home # : _____ Business # : _____

Fax # : _____ E-mail Address : _____

Delegate 5:

Name : _____ National Serial No. _____

Address : _____

Home # : _____ Business # : _____

Fax # : _____ E-mail Address : _____

Delegate 6:

Name : _____ National Serial No. _____

Address : _____

Home # : _____ Business # : _____

Fax # : _____ E-mail Address : _____

ALTERNATES:

Alternate 1:

Name : _____ National Serial No. _____

Address : _____

Home # : _____ Business # : _____

Fax # : _____ E-mail Address : _____

Alternate 2:

Name : _____ National Serial No. _____

Address : _____

Home # : _____ Business # : _____

Fax # : _____ E-mail Address : _____

Alternate 3:

Name : _____ National Serial No. _____

Address : _____

Home # : _____ Business # : _____

Fax # : _____ E-mail Address : _____

Alternate 4:

Name : _____ National Serial No. _____

Address : _____

Home # : _____ Business # : _____

Fax # : _____ E-mail Address : _____

Alternate 5:

Name : _____ National Serial No. _____

Address : _____

Home # : _____ Business # : _____

Fax # : _____ E-mail Address : _____

Alternate 6:

Name : _____ National Serial No. _____

Address : _____

Home # : _____ Business # : _____

Fax # : _____ E-mail Address : _____

PAST DISTRICT GOVERNORS:

PDG 1:

Name : _____ National Serial No. _____
Address : _____
Home # : _____ Business # : _____
Fax # : _____ E-mail Address : _____

PDG 2:

Name : _____ National Serial No. _____
Address : _____
Home # : _____ Business # : _____
Fax # : _____ E-mail Address : _____

PDG 3:

Name : _____ National Serial No. _____
Address : _____
Home # : _____ Business # : _____
Fax # : _____ E-mail Address : _____

PDG 4:

Name : _____ National Serial No. _____
Address : _____
Home # : _____ Business # : _____
Fax # : _____ E-mail Address : _____

PDG 5:

Name : _____ National Serial No. _____
Address : _____
Home # : _____ Business # : _____
Fax # : _____ E-mail Address : _____

PDG 6:

Name : _____ National Serial No. _____
Address : _____
Home # : _____ Business # : _____
Fax # : _____ E-mail Address : _____

Chapter Secretary _____ Date _____
(signature)

PLEASE REMIT TO THE DISTRICT SECRETARY IMMEDIATELY FOLLOWING ELECTIONS