CHARTERED CLUB/ORGANIZATION (CCO) POTENTIAL REPRESENTATIVES FORM

ORG NAME:				
Please fill out completely. Type or print.				
Physical Address				
City	County		Zip	
Mailing Address (if different)				
City	County		Zip	
Phone-Day ()Ins	tagram/Twitter:			
Website	E-mail			
Key Contact				
Name		Title		
Phone () Email				
Chartering Authority Name:				
ALL ITEN	AS MUST BE SUBI	MITTED BY Jul	y 9, 2019	
The deadline to turn in the required item and the appropriate Regional Director(sendorsement Conferences. All items below	s). Failure to do so will	result in the loss	of representation	
Completed "Potential Represent	atives" Form			
Submit roster of potential repre "members in good standing" sub Name, Last Name, Middle Nam address and Assembly District, S	omitted on May 1, 2019. ne or Initial, Registered	Roster should conta Address (including	ain at least the follo City and Zip code	wing information: First
Submit proof the CCO has a representatives or by signing I members who are in good stand	below you acknowledge	they were selecte	_	
By signing this form, I acknowledge process outlined in our rules and/or by a vote of those members in good	bylaws or were select	ted at a duly noti	'	•
Signature:			Date:	
*Form must be completed by the Cha	ir, Treasurer or Secret	ary of the CCO.		
Print Name:		Title*:		

PLEASE RETURN TO BOTH YOUR CHARTERING AUTHORITY AND REGIONAL DIRECTOR(S) PLEASE USE CDP'S POTENTIAL REP SUBMISSION FORM (EXCEL) TO SUBMIT YOUR ROSTER