



Service Unit Manager(s): Please complete and submit this form to the Senior Director of Membership at the Montclair Service Center within two weeks after the Service Unit election.

Service Unit Number _____

Delegate #1 _____ **term** Jan 1, _____ through Dec 31, _____

Name _____

Address _____
Street City Zip

Check preferred telephone number(s):

_____ Home Telephone # _____ Cell Phone # _____

_____ Work Telephone # _____ Fax Number _____

Preferred email address _____

_____ The above information is correct and I will continue to serve as the delegate through December 31, _____

(Initial here)

Delegate #2 _____ **term** Jan 1, _____ through Dec 31, _____

Name _____

Address _____
Street City Zip

Check preferred telephone number(s):

_____ Home Telephone # _____ Cell Phone # _____

_____ Work Telephone # _____ Fax Number _____

Preferred email address _____

_____ The above information is correct and I will continue to serve as the delegate through December 31, _____

(Initial here)

Certification of Notification and Delegate Election

Date of Election _____

Method of Notification of election ☐ Mail ☐ Electronic mail ☐ Other _____

Method of Vote ☐ Mail ☐ Electronic mail ☐ In person vote

Service Unit Manager _____
Print Signature

Counter/Teller 1 _____
Print Signature

Counter/Teller 2 _____
Print Signature

Nov. 13, 09