

COUNCIL DISTRICT CONVENTION ELECTION RETURN

**TO BE COMPLETED AND MAILED TO
THE GRAND RECORDER'S OFFICE NOT LATER THAN 10 DAYS AFTER
THE DATE OF THE DISTRICT CONVENTION**

DATE OF DISTRICT CONVENTION: _____

NAME OF CONVENTION: _____

ADDRESS: _____

(Acct. # _____) I. master: _____

Address: _____

E-Mail Address: _____

Phone: Res: _____ Bus _____ Cell _____

(Acct# _____) D. Master: _____

(Acct. # _____) P. C. of Work: _____

(Acct. # _____) Treasurer: _____

(Acct. # _____) Recorder: _____

Address: _____

E-Mail Address: _____

Phone: Res: _____ Bus _____ Cell _____

DATE OF NEXT REGULAR DISTRICT CONVENTION: _____

HOST: _____ **PHYSICAL ADDRESS:** _____

Date: _____ Sign: _____

Recorder

(Seal)