DISTRICT CONVENTION ELECTION RETURN

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

DATE OF CONVENTION: _____

NAME OF CONVENTION: _____

ADDRESS: _____

_____

(Acct. #_____) High Priest: _____

Address: _____

E-Mail Address: _____

Phone: Res: _____ Bus_____ Cell:_____

(Acct. #_____) King: _____

(Acct. #_____) Scribe: _____

(Acct. #_____) Treasurer: _____

(Acct. #_____) Sec/Rec: _____

Address: _____

E-Mail Address: _____

Phone: Res: _____ Bus_____ Cell:_____

DATE OF NEXT REGULAR CONVENTION: _____

HOST: _____ PHYSICAL ADDRESS: _____

_____ _____

Date: _____ Sign: _____
Secretary/Recorder

(Seal)