

**FPACC 2019 NATIONAL ELECTION
OFFICIAL VOTER REGISTRATION FORM
(LIMIT – 5 OFFICIAL DELEGATES PER CHAPTER)**

**BELOW ARE THE 5 DELEGATES ATTENDING FEDERATION 2019 AND ARE
AUTHORIZED TO CAST VOTES FOR OUR CHAPTER.**

DATE: _____

POSITION: _____

NAME: _____
FIRST MIDDLE LAST (PLEASE PRINT)

I CERTIFY UNDER PENALTY OF OATH THAT I AM THE PRESIDENT/SECRETARY OF MY CHAPTER.

SIGNED: _____

CHAPTER: _____

CHAPTER ADDRESS: _____

CHAPTER TEL.: _____

CHAPTER EMAIL: _____

CHAPTER WEBSITE: _____

DELEGATE 1: _____

DELEGATE 2: _____

DELEGATE 3: _____

DELEGATE 4: _____

DELEGATE 5: _____

PLEASE EMAIL COMPLETED FORM to: edorpina@gmail.com