## **SO-17** OFFICIAL NOMINATION FORM SUPREME COUNCIL DELEGATE & ALTERNATE



Region No:					
Delegate					
Name				Wife's Name	
Address					
Telephone					
Council Number					
Membership No.					
Membership Category	Insurance	Associate			
A 1.					
Alternate Name				Wife's Name	
Address				Wile 3 Name	
Telephone					
Council Number					
Membership No.					
Membership Category	Insurance	Associate			
	RETARY FOR TH	IS COUNCIL. EVI	GOOD STANDING AS VE DENCE OF THIS IS A PA	AID-UP TRAVELLING	CARD AS OF
			State Deputy	State Advo	cate