

Delegates Form

Women's State Legislative Council of Utah

Name of Organization: _____

(As known by your organization's constitution)

Total Membership: _____

Current President: _____ Phone: _____

Address: _____ Email: _____

All delegates must be US citizens. Email is our main method of communication. Please write clearly.

Organization Delegates

Name: _____
Address: _____
City, ST, ZIP: _____
Phone: (W) _____ (H) _____
Other _____
Email _____

Name: _____
Address: _____
City, ST, ZIP: _____
Phone: (W) _____ (H) _____
Other _____
Email _____

Individual Delegate

Name: _____
Address: _____
City, ST, ZIP: _____
Phone: (W) _____ (H) _____
Other _____
Email _____

Board Delegate

Name: _____
Address: _____
City, ST, ZIP: _____
Phone: (W) _____ (H) _____
Other _____
Email _____

Enclose \$40 dues per delegate for the 2007-2009 biennium. Your canceled check will serve as your receipt.

Enclosed is \$ _____ for _____ delegates at \$40.00 each for the 2007-2009 biennium.

Please return this form and dues by September 26, 2007 to:

Irene Wiesenberg, Treasurer
2937 Hyland Hills Road
SLC, Utah 84109
801-486-6180

WSLC USE ONLY

Date Paid: _____

Am't Paid: _____

Ck. #: _____

Rec'd By: _____ (initials)