

**DELEGATE REGISTRATION FORM**  
**2020 DISTRICT 2-13 MEETING**

We hereby certify the following members as delegates to represent Local \_\_\_\_\_ at the CWA District 2-13 Meeting, which will be held via Zoom video conference on December 11, 2020.

The registration fee is \$0 per Delegate and Alternate.

**DELEGATES**

- |   |   |   |
|---|---|---|
| 1. Name: _____<br>Address: _____<br>_____<br>Email: _____ | 2. Name: _____<br>Address: _____<br>_____<br>Email: _____ | 3. Name: _____<br>Address: _____<br>_____<br>Email: _____ |
| 4. Name: _____<br>Address: _____<br>_____<br>Email: _____ | 5. Name: _____<br>Address: _____<br>_____<br>Email: _____ | 6. Name: _____<br>Address: _____<br>_____<br>Email: _____ |
| 7. Name: _____<br>Address: _____<br>_____<br>Email: _____ | 8. Name: _____<br>Address: _____<br>_____<br>Email: _____ | 9. Name: _____<br>Address: _____<br>_____<br>Email: _____ |

**ALTERNATE DELEGATES**

- |   |   |   |
|---|---|---|
| 1. Name: _____<br>Address: _____<br>_____<br>Email: _____ | 2. Name: _____<br>Address: _____<br>_____<br>Email: _____ | 3. Name: _____<br>Address: _____<br>_____<br>Email: _____ |
|---|---|---|

The Chair of our Local delegation is \_\_\_\_\_.

Given under our hand this \_\_\_\_\_ day of \_\_\_\_\_, 2020.

\_\_\_\_\_  
Local President

\_\_\_\_\_  
Local Secretary

Please scan and email this completed form to Alicia McCants at [amccants@cwa-union.org](mailto:amccants@cwa-union.org) no later than December 9, 2020.

**GUEST REGISTRATION FORM**  
**2020 DISTRICT 2-13 MEETING**

The following members will attend the CWA District 2-13 Meeting to be held via Zoom video conference on December 11, 2020 as guests of Local \_\_\_\_\_.

The registration fee is \$0 per Guest.

**GUESTS**

- |   |   |   |
|---|---|---|
| 1. Name: _____<br>Address: _____<br>_____<br>Email: _____ | 2. Name: _____<br>Address: _____<br>_____<br>Email: _____ | 3. Name: _____<br>Address: _____<br>_____<br>Email: _____ |
| 4. Name: _____<br>Address: _____<br>_____<br>Email: _____ | 5. Name: _____<br>Address: _____<br>_____<br>Email: _____ | 6. Name: _____<br>Address: _____<br>_____<br>Email: _____ |

Please scan and email this completed form to Alicia McCants at [amccants@cwa-union.org](mailto:amccants@cwa-union.org) no later than December 9, 2020.

Submitted by: \_\_\_\_\_