

## R4 WSBC Delegate Application

Submitted for consideration at the R4 Assembly in the fall of 20\_\_\_\_.

I am applying for a position as a WSBC Delegate for Region 4

Full Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Years in OA \_\_\_\_\_ Years of service beyond group: \_\_\_\_\_

Date continuous abstinence began: \_\_\_\_\_

**I certify that I have read the qualifications and duties of the office of the WSBC delegate and understand the responsibilities of such position.**

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Date

### IMPORTANT

**This form, when completed, must be sent to Region 4, PO Box 1609, St. Peters, MO 63376.**

**Type or print in black ink only. Do not write beyond the margins. Enter all information on this form.**

**Attachments will be reproduced for circulation to the Regional Representatives.**

**This application must be postmarked 60 days prior to the date of the Region Assembly.**

**It is each applicant's responsibility to verify receipt of application.**

**Additional copies of this form may be obtained from any R4 Officer or downloaded from the R4 website.**

Summary of my OA responsibilities:

I can bring the following business, professional or other experience and skills to the Region

I would like to be a Region WSBC Delegate for the following reason(s):

Empty response box for reasons for wanting to be a Region WSBC Delegate.

Brief account of my OA story (Physical, Emotional and Spiritual)

Empty response box for a brief account of the respondent's OA story (Physical, Emotional and Spiritual).