

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ email \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Region Rep or Alternate? \_\_\_\_\_ Term Expires (MM/YY) \_\_\_\_\_  
First Assembly?     ▪ Yes ▪ No  
Committee Choice:   ▪ Convention ▪ Outreach   ▪ Ways & Means/Finance  
Willing to Mentor New Rep? ▪ Yes ▪ No

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