GRAND ASSEMBLY VOTING DELEGATE REGISTRATION FORM

Assembly Name: _____

Contact Person: _____

Name:				
(Circle One)	Charity	WAA	WA	PWA
Name:				
(Circle One)	Charity	WAA	WA	PWA
Name:				
(Circle One)	Charity	WAA	WA	PWA
Name:				
(Circle One)	Charity	WAA	WA	PWA
Name:				
(Circle One)	Charity	WAA	WA	PWA
Name:				
(Circle One)	Charity	WAA	WA	PWA
Name:				
(Circle One)	Charity	WAA	WA	PWA