

Delegate Application Form

Constituency: _____

Participating Organization: _____

Primary Representative: _____

Position/Title: _____

Email: _____

Phone: _____

Secondary Representative: _____

Position/Title: _____

Email: _____

Phone: _____

Method of Delegate Appointment: *(i.e. chosen by Executive/chosen by General Body)*

| | |
|--------------------------------|-------------------|
| Committee Use Only: | |
| Date Presented: _____ | AYES:___ NAYS:___ |
| _____ Speaker of the Senate | |

| | |
|------------------------------|-------------------|
| Senate Use Only: | |
| Date Presented: _____ | AYES:___ NAYS:___ |
| _____ Clerk of the Senate | |