

CERTIFICATION OF SELECTION OF DELEGATES FORM 2

County Name:	
ADDITIONAL DELEGATES	
6. Name:	OBA No.
City: E-mail or Fax:	Phone:
7. Name:	OBA No.
City: E-mail or Fax:	Phone:
8. Name:	OBA No.
City: E-mail or Fax:	Phone:
9. Name:	OBA No.
City: E-mail or Fax:	Phone:
10. Name:	OBA No.
City: E-mail or Fax:	Phone:
11. Name:	OBA No.
City: E-mail or Fax:	Phone:
12. Name:	OBA No.
City: E-mail or Fax:	Phone:
13. Name:	OBA No.
City: E-mail or Fax:	Phone:
14. Name:	OBA No.
City: E-mail or Fax:	Phone:
15. Name:	OBA No.
City: E-mail or Fax:	Phone:
16. Name:	OBA No.
City: E-mail or Fax:	Phone:
17. Name:	OBA No.
City: E-mail or Fax:	Phone:
18. Name:	OBA No.
City: E-mail or Fax:	Phone:
19 Name:	OBA No.
City: E-mail or Fax:	Phone:

CERTIFICATION OF SELECTION OF DELEGATES FORM 2

20. Name:		OBA No.
City:	E-mail or Fax:	Phone:
21. Name:		OBA No.
City:	E-mail or Fax:	Phone:
22. Name:		OBA No.
City:	E-mail or Fax:	Phone:
23. Name:		OBA No.
City:	E-mail or Fax:	Phone:
24. Name:		OBA No.
City:	E-mail or Fax:	Phone:
25. Name:		OBA No.
City:	E-mail or Fax:	Phone:
26. Name:		OBA No.
City:	E-mail or Fax:	Phone:
27. Name:		OBA No.
City:	E-mail or Fax:	Phone:
28. Name:		OBA No.
City:	E-mail or Fax:	Phone:
29. Name:		OBA No.
City:	E-mail or Fax:	Phone:
30. Name:		OBA No.
City:	E-mail or Fax:	Phone:

CERTIFICATION OF SELECTION OF DELEGATES FORM 2

County Name:	
ADDITIONAL ALTERNATES	
6. Name:	OBA No.
City: E-mail or Fax:	Phone:
7. Name:	OBA No.
City: E-mail or Fax:	Phone:
8. Name:	OBA No.
City: E-mail or Fax:	Phone:
9. Name:	OBA No.
City: E-mail or Fax:	Phone:
10. Name:	OBA No.
City: E-mail or Fax:	Phone:
11. Name:	OBA No.
City: E-mail or Fax:	Phone:
12. Name:	OBA No.
City: E-mail or Fax:	Phone:
13. Name:	OBA No.
City: E-mail or Fax:	Phone:
14. Name:	OBA No.
City: E-mail or Fax:	Phone:
15. Name:	OBA No.
City: E-mail or Fax:	Phone:
16. Name:	OBA No.
City: E-mail or Fax:	Phone:
17. Name:	OBA No.
City: E-mail or Fax:	Phone:
18. Name:	OBA No.
City: E-mail or Fax:	Phone:
19 Name:	OBA No.
City: E-mail or Fax:	Phone:

CERTIFICATION OF SELECTION OF DELEGATES FORM 2

20. Name:		OBA No.
City:	E-mail or Fax:	Phone:
21. Name:		OBA No.
City:	E-mail or Fax:	Phone:
22. Name:		OBA No.
City:	E-mail or Fax:	Phone:
23. Name:		OBA No.
City:	E-mail or Fax:	Phone:
24. Name:		OBA No.
City:	E-mail or Fax:	Phone:
25. Name:		OBA No.
City:	E-mail or Fax:	Phone:
26. Name:		OBA No.
City:	E-mail or Fax:	Phone:
27. Name:		OBA No.
City:	E-mail or Fax:	Phone:
28. Name:		OBA No.
City:	E-mail or Fax:	Phone:
29. Name:		OBA No.
City:	E-mail or Fax:	Phone:
30. Name:		OBA No.
City:	E-mail or Fax:	Phone: