

# 2019 PRE-CONVENTION REGISTRATION

**\*\*PRE-REGISTRATION DEADLINE JUNE 7, 2019\*\***

AERIE # \_\_\_\_\_ CITY \_\_\_\_\_ STATE/PROVINCE \_\_\_\_\_  
(ONLY)

TOTAL AMOUNT ENCLOSED FOR PRE-REGISTRATION ORDER \$ \_\_\_\_\_  
(Make all checks payable: GRAND AERIE F.O.E. Memo: PRE-REGISTRATION FEE)

## **\*\*ACCREDITED REPRESENTATIVE\*\***

### **\*\*IMPORTANT INFORMATION\*\***

In order for your **Accredited Representative** to cast your Aerie vote, **Per-Capita Tax and Membership fees** must be paid in accordance with section 40.1 and Article III, Section 2(d), Constitution.

Our Accredited Representative, as provided for in Section 1.3 Statutes F.O.E.

<b>GAID#</b>	<b>Name</b>	<b>Title</b>
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**\*\*ACCREDITED REPRESENTATIVE: MUST BE THE CURRENT JR.PWP, A PWP, A TYS, OR THE CURRENT WORTHY PRESIDENT. \*\***

**\* IMPORTANT INFORMATION\*** If there is a last minute change as to who your Accredited Representative shall be and it's too late to send information of this change to the Grand Secretary, then a letter of authority must be given to your Representative, signed by the Worthy President and Worthy Secretary. This letter must then be presented to the Credentials Committee at the Convention.

**\*\* PLEASE MAKE A COPY OF THIS FORM FOR YOUR RECORDS\*\***

## **OTHER PRE-REGISTRATION MEMBERS**

**Pre-Registration Fee, \$45.00 each,** must accompany this application. Check (J) their title after their name. If not a Past President or 10 year secretary (TYS), indicate "Visitor".

_____ GAID#	_____ Name	<input type="checkbox"/> Past Pres <input type="checkbox"/> TYS <input type="checkbox"/> Visitor	_____ Check # OR C.C. TYPE
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_____ GAID#	_____ Name	<input type="checkbox"/> Past Pres <input type="checkbox"/> TYS <input type="checkbox"/> Visitor	_____ Check # OR C.C. TYPE
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_____ GAID#	_____ Name	<input type="checkbox"/> Past Pres <input type="checkbox"/> TYS <input type="checkbox"/> Visitor	_____ Check # OR C.C. TYPE
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_____ GAID#	_____ Name	<input type="checkbox"/> Past Pres <input type="checkbox"/> TYS <input type="checkbox"/> Visitor	_____ Check # OR C.C. TYPE
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**Enclose payment form and ALL Banquet forms in the envelope provided and mail to:**

**Grand Secretary  
1623 Gateway Circle South  
Grove City, Ohio 43123**