

# 2019 PRE-CONVENTION REGISTRATION

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

AUXILIARY # \_\_\_\_\_ 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 Auxiliary vote, **Per Capita Tax and Membership fees** must be paid in accordance with Sections 2.11 and 48.3 of the Rules and Regulations for the Government of Ladies Auxiliaries, F.O.E. Our Accredited Representative as provided for in Section 48.3 of the Rules and Regulations, F.O.E.

GAID#	Name	Title
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**\*\* ACCREDITED REPRESENTATIVE: MUST BE THE CURRENT JR.PMP, A PMP, A TYS OR THE CURRENT MADAM 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 Madam President and Madam 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	Past Pres <input type="checkbox"/> TYS <input type="checkbox"/> Visitor <input type="checkbox"/>	Check # OR C.C. TYPE
GAID#	Name	Past Pres <input type="checkbox"/> TYS <input type="checkbox"/> Visitor <input type="checkbox"/>	Check # OR C.C. TYPE
GAID#	Name	Past Pres <input type="checkbox"/> TYS <input type="checkbox"/> Visitor <input type="checkbox"/>	Check # OR C.C. TYPE
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GAID #	Name	Past Pres <input type="checkbox"/> TYS <input type="checkbox"/> Visitor <input type="checkbox"/>	Check # OR C.C. TYPE

**Enclose payment form and ALL Banquet forms in the envelope provided and mail to:**

Grand Secretary  
 1623 Gateway Circle South  
 Grove City, Ohio 43123