



AHEPA District 21

District Convention Delegate Reporting Form

This is to certify that at a regular meeting of chapter _____ held on _____
the following members were elected as delegates and alternates to the _____ District Convention.

Delegates:

1. Name _____ AHEPA s/n _____
Address _____
Phone _____ mobile _____
e-mail _____
2. Name _____ AHEPA s/n _____
Address _____
Phone _____ mobile _____
e-mail _____
3. Name _____ AHEPA s/n _____
Address _____
Phone _____ mobile _____
e-mail _____
3. Name _____ AHEPA s/n _____
Address _____
Phone _____ mobile _____
e-mail _____
4. Name _____ AHEPA s/n _____
Address _____
Phone _____ mobile _____
e-mail _____
5. Name _____ AHEPA s/n _____
Address _____
Phone _____ mobile _____
e-mail _____

Alternates:

1. Name _____ AHEPA s/n _____
Address _____
Phone _____ mobile _____
e-mail _____
2. Name _____ AHEPA s/n _____
Address _____
Phone _____ mobile _____
e-mail _____

Chapter Secretary _____

Date: _____