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| **State** |  |

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| # of Delegate votes  Submitted |  |

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| **Chapter**  **Name** |  | **Chapter**  **Type** |  | **Today’s Date** |  | **Total #**  **of votes** |  |

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| **Control#** | **Name**  **Last, First, Middle Initial** | | **Email Address**  **(used to contact delegate if needed)** | | **Delegate Type** |  |
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| Please note that only ONE Delegate can vote twice IF the chapter is eligible per distance requirements. These requirements are clearly defined in the 7th District Bylaws. **PRIMARY** delegates can cast votes. **ALTERNATE** Delegates can replace a primary delegate with chapter authorization. Chapters should NOT designate more delegates than they have votes. Doing so may prevent their delegates from being able to vote until the discrepancy is resolved. | | | | | | |
| |  | | --- | | **TO WHOM IT MAY CONCERN**: This is to certify that the Brothers listed above are bona fide members of our chapter and are in good financial standing as defined in the 7th District Bylaws. They have been duly elected to serve as a Delegate or Alternate Delegate to the 84th Seventh District Meeting as indicated above and are to have all the rights and privileges pertaining thereto. Please note that our chapter has reviewed its records and we show no outstanding insurance or CEF payments due to the National Organization as of the date of this statement.  **Fraternally,** | | | | | | | |
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| |  | | --- | | Basileus Name (Please Print) | | |  | | |  | | --- | | Basileus Signature | | | |
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| |  | | --- | | Keeper of Records and Seal Name  (Please Print) | | |  | | |  | | --- | | Keeper of Records and Seal Signature | | | |
| **Important Note**:  This form is to be **RECEIVED** by the DKRS  **NO LATER THAN** MAR 1, 2021 | | | | **84th Seventh District Meeting - Attn: Form 36**  Bro. James M. Reed IV DKRS  110 Wind Dance Dr, Madison, MS 39110  Email a copy to **7thDistrictKRS@oppf.org** | | |
| **IN ORDER FOR CHAPTERS TO HAVE VOTING PRIVILEGES DURING ANY CONCLAVE OR DISTRICT MEETING, THE CHAPTER'S ANNUAL INSURANCE & CEF OBLIGATIONS MUST BE PAID TO INTERNATIONAL HEADQUARTERS PRIOR TO THAT MEETING.** | | | | | | |
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| **Control#** | **Name**  **Last, First, Middle Initial** | | **Email Address**  **(used to contact delegate if needed)** | | **Delegate Type** |  |
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| |  | | --- | | Basileus Name (Please Print) | | |  | | |  | | --- | | Basileus Signature | | | |
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| |  | | --- | | Keeper of Records and Seal Name  (Please Print) | | |  | | |  | | --- | | Keeper of Records and Seal Signature | | | |
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