



CERTIFICATION OF DELEGATES

Convention 2019

FROM: The National Council of Catholic Women

TO: Presidents of affiliated A/DCCW, Subdivisions, and Local/Parish organizations

Please use this form to indicate the person(s) who will be your organization's voting delegate(s) at the 2019 NCCW Convention. Return this form to the NCCW office no later than July 15, 2019.

Name and location of affiliate: _____

Submitted by (President): _____
(printed name) (signature)

Address: _____

City: _____ State _____ Zip Code _____

Phone _____ Email _____

This form is being submitted for: _____ A/DCCW _____ Subdivision _____ Local/Parish

Each A/DCCW, Subdivision and Local/Parish Organization is entitled to two (2) votes. If the president of the affiliate is an Individual/ Supporting Member she must designate a delegate for both affiliate votes. Each person is only able to use (1) vote each.

Voting Delegates:

(PLEASE PRINT CLEARLY)

1. _____

2. _____

Please return completed forms to:

NCCW 200 N. Glebe, Rd., #725, Arlington, VA 22203 or email it to NCCW01@NCCW.org

(For Fax 703-224-0991)