



FROM (PLEASE PRINT & SIGN)

CHAPTER COMMANDER'S FULL NAME, RANK, SERVICE

TITLE

CHAPTER

ADDRESS (NUMBER, STREET, CITY, STATE AND ZIP CODE)

AREA CODE & TELEPHONE NUMBER

EMAIL

SIGNATURE

DATE (MONTH / DAY / YEAR)

TO (PLEASE PRINT)

Registrar, MOWW National Convention

CONVENTION YEAR

CONVENTION LOCATION (CITY & STATE)

GUIDANCE

- ✓ Please refer to the MOWW Constitution, Article IV, Section 1, Paragraphs a-c, which state:
 - "a. The National Convention shall meet annually at such places and dates as approved by the General Staff. Each chapter shall be entitled to two (2) delegates-at-large and one additional delegate for every twenty-five (25) members or major fraction thereof, in good standing as of the prior 30 June, in addition to the General Staff members. A member may represent but one chapter. Proxies shall not be allowed. A duly-accredited alternate may attend and vote in the absence of a delegate.*
 - b. Members of the General Staff shall also be delegates.*
 - c. A quorum shall consist of a majority of the accredited delegates in attendance at the convention, but not less than twenty-five (25)."*
- ✓ Since all National General Staff members and General Staff *Emeritus* members are additional voting delegates IAW the MOWW Constitution, the members of these groups are not required to present a MOWW Form 22, "Convention Delegate Appointment."
- ✓ Each chapter will select its own delegates. The chapter commander will certify the individual(s) selected as delegate(s) in writing using only this MOWW form. The chapter's national convention delegate(s) will hand-carry this completed form to the annual national convention and present it at the Convention Registration Desk in the convention registration area, at which time an identification device will be issued to permit the delegate to vote. No chapter delegate will be provided voter identification without the presentation of this MOWW form properly and completely filled out.

NOTE: This letter does not entitle the delegate named below entry into the Nominating Committee Meeting.

APPOINTMENT (PLEASE PRINT & SIGN)

The individual named below is the voting delegate for this chapter at the National Convention specified above.

DELEGATE'S FULL NAME, RANK, SERVICE

TITLE

CHAPTER

ADDRESS (NUMBER, STREET, CITY, STATE AND ZIP CODE)

AREA CODE & TELEPHONE NUMBER

EMAIL

SIGNATURE

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