



MAIDS OF ATHENA

JUNIOR AUXILIARY OF THE DAUGHTERS OF PENELOPE

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DISTRICT CONVENTION CHAPTER REPRESENTATIVE CREDENTIALS

District # _____ District Name: _____

Chapter # _____ District Convention Number _____

This form certifies that at a Regular Meeting held on _____

by (Chapter Name) _____ Chapter # _____, located in

(City) _____, (State) _____, (Country/Providence) _____

Sister _____

MOA Serial # _____

was duly elected to represent our Chapter at the District Convention to be held in

(Location) _____ on _____, 20_____

as a (Delegate) _____ Alternate _____

Chapter President/Secretary

Date

Chapter Advisor

Date

Please Note: *Make two (2) copies.*

- One shall be for the Delegate/Alternate to bring to the District Convention and present to the Convention Credentials Committee.*
- One shall be for your Chapter Files.*