

MAIDS OF ATHENA

JUNIOR AUXILIARY OF THE DAUGHTERS OF PENELOPE

1909 Q STREET N.W. • SUITE 500 • WASHINGTON D.C. • 20009
PHONE: (202) 232-6300 • FAX: (202) 232-2140 • E-MAIL: MOAGrandLodge@gmail.com

DISTRICT CONVENTION CHAPTER DELEGATE CERTIFICATION

District # _____

District Name: _____

District Convention Number _____

*This form certifies that at a Regular Meeting of (Chapter Name) _____
(Chapter Number) _____, the following Members (whom are in Good Standing) were
elected as Convention Delegates and Alternates, and shall represent the said Chapter at the
Maids of Athena District Convention to be held in (Location) _____ on
_____, 20_____.*

Delegates

MOA Serial # _____

MOA Serial # _____

Name: _____

Name: _____

Address: _____

Address: _____

City: _____

City: _____

State/Prov: _____ Zip Code: _____

State/Prov: _____ Zip Code: _____

MOA Serial # _____

MOA Serial # _____

Name: _____

Name: _____

Address: _____

Address: _____

City: _____

City: _____

State/Prov: _____ Zip Code: _____

State/Prov: _____ Zip Code: _____

Alternates

MOA Serial # _____

MOA Serial # _____

Name: _____

Name: _____

Address: _____

Address: _____

City: _____

City: _____

State/Prov: _____ Zip Code: _____

State/Prov: _____ Zip Code: _____

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ATTENTION:

If not sending delegates to District Convention, please complete the following.....

Please be advised that our Chapter is not sending delegates to said District Convention for the following reason(s) _____

Chapter President/Secretary

Date

Chapter Advisor

Date

Please Note:

*This form shall be returned to the District Governor and District Secretary at least **15 days** before the commencement of the District Convention. Refer to Article 16 Section 3(b) of the Constitution of the Order of the Maids of Athena regarding this matter.*

CC: Maids of Athena District Governor
Maids of Athena District Secretary
Chapter File