



## THE KIWI CLUB DELEGATE-ALTERNATE FORM

Please provide the information requested below regarding your chapter delegate and/or alternate who will be representing your chapter at convention by February 15, 2026. Give **first, maiden, and last names** in all instances.

Chapter Name or MAL: \_\_\_\_\_

**Delegate Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Will there be an Alternate? (Yes) \_\_\_\_\_ (No) \_\_\_\_\_

**Alternate's Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Please email or print this form and send it to the NATIONAL SECRETARY.

The mail information for all National Board members is found in a password-protected document at the top of the BUSINESS page tab, then FORMS on the website.