



**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.

Revised 1/2026 sdg