



WSSMA House of Delegates
Delegate Confirmation and Credentialing Form

Complete this form and email to
WSSMA – President, Secretary, Parliamentarian, Speaker of the House

Chapter Name: _____

Please Print

Delegate: _____

AAMA Member # or SSN (required): _____

Address: _____

City: _____ Zip: _____

E-mail: _____

Contact Phone: (____) ____-____ (no work phone number)

Delegate: _____

AAMA Member # or SSN (required): _____

Address: _____

City: _____ Zip: _____

E-mail: _____

Contact Phone: (____) ____-____ (no work phone number)

Delegate: _____

AAMA Member # or SSN (required): _____

Address: _____

City: _____ Zip: _____

E-mail: _____

Contact Phone: (____) ____-____ (no work phone number)

Place an **X** the box () to indicate if Alternate Delegate.

Alternate

Delegate: _____

AAMA Member # or SSN (required): _____

Address: _____

City: _____ Zip: _____

E-mail: _____

Contact Phone: (____) ____-____ (no work phone number)

Alternate

Delegate: _____

AAMA Member # or SSN (required): _____

Address: _____

City: _____ Zip: _____

E-mail: _____

Contact Phone: (____) ____-____ (no work phone number)

Alternate

Delegate: _____

AAMA Member # or SSN (required): _____

Address: _____

City: _____ Zip: _____

E-mail: _____

Contact Phone: (____) ____-____ (no work phone number)

Alternate

Delegate: _____

AAMA Member # or SSN (required): _____

Address: _____

City: _____ Zip: _____

E-mail: _____

Contact Phone: (____) ____-____ (no work phone number)