

# District Warden Appointment Form

DISTRICT DEPUTY NAME: \_\_\_\_\_

DISTRICT NUMBER: \_\_\_\_\_

The following member has been appointed District Warden for the \_\_\_\_\_ Fraternal year.

NAME: \_\_\_\_\_  
(Last Name) (First Name) (Initials)

ADDRESS: \_\_\_\_\_  
NUMBER STREET APT. NO.

CITY/TOWN: \_\_\_\_\_

PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_  
AREA CODE NUMBER

WIFE'S NAME: \_\_\_\_\_

MEMBERSHIP NO: \_\_\_\_\_

DISTRICT #: \_\_\_\_\_

COUNCIL # \_\_\_\_\_

Language: ENG  FRE

DISTRICT DEPUTY'S SIGNATURE:

DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
DAY MONTH YEAR

Please return to: State Office • 393 Rymal Road West, Suite 201, Hamilton ON L9B 1V2  
Fax (905) 388-8738

**DEADLINE: July 31**

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