

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: June 30

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