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Local President Designee Form

I, _____, president of the _____,
Name of Local

designate _____ to cast the votes for our local at the
Name

following recommendation meeting(s): _____.
Candidate or Legislative District Number

I certify that _____ is a member in good
Name of Designee

standing of the _____.
Name of Local

Member Email (Required) _____

Signature _____
Local President Signature

Date _____