

Appendix I(a) – Report of Results of Elections – State Council Alternate(s)**REPORT OF RESULTS OF ELECTIONS OF
STATE COUNCIL ALTERNATE(S)**

Chapter/Multiple Group: _____

Service Center Council: _____

BEFORE PROCEEDING: Alternates reported here must have accepted to serve in this position.**Alternate's name:** _____ **Member #** _____

Gender: _____ Ethnicity (Optional): _____

Mailing Address: _____

City: _____ Zip Code: _____

Daytime Telephone: _____ Evening Telephone: _____

Cell Phone Number: _____ Personal Email Address: _____

Alternate's Chapter: _____

Term begins: (Check one) ☐ From the date of the election **OR** ☐ From June 26, _____**Term ends:** June 25, _____**Alternate's name:** _____ **Member #** _____

Gender: _____ Ethnicity (Optional): _____

Mailing Address: _____

City: _____ Zip Code: _____

Daytime Telephone: _____ Evening Telephone: _____

Cell Phone Number: _____ Personal Email Address: _____

Alternate's Chapter: _____

Term begins: (Check one) ☐ From the date of the election **OR** ☐ From June 26, _____**Term ends:** June 25, _____

Submit this Report of Results, along with the Teller's Report, Timeline, and Ballot (if e-voting, include the results from e-voting vendor)

PLEASE PRINT CLEARLY - MINIMUM TWO (2) SIGNATURES REQUIRED_____
Elections Committee Chair Name_____
Elections Committee Member Name_____
Elections Committee Chair Signature_____
Date

Email Address: _____

Phone Numbers

Home: _____

Cell: _____

Chapter Office: _____

Elections Committee Member Signature_____
Date_____
Elections Committee Member Name_____
Elections Committee Member Signature_____
Date