



2019 Annual Business Meeting Delegate Form

Local Association Name: _____

Person Submitting Names: _____ Title: _____

Signature: _____ Date: _____

Delegate's Name: _____

Delegate's Agency & Address: _____

Alternate's Name: _____

Alternate's Agency & Address: _____

No Delegate attending please check here: _____

Please mail, fax or email completed forms by April 12 to:

Big I New York
Attention: Allison Just
5784 Widewaters Parkway 1st Floor
Dewitt, NY 13214
Fax: 888-432-0510
ajust@biginy.org