

SEMCOG Delegate/Alternate Designation Form

The following official representatives have been designated to the SEMCOG General Assembly which meets three times per year:

DELEGATE: (the delegate must be an elected official)

Name: _____ Title: _____

Preferred E-mail: _____

(Please note: E-mail is our primary form of communication)

Preferred Mailing Address: _____

Phone: (include as many as you like)

Business/Office: _____

Home: _____

Mobile/Text: _____

ALTERNATE: (the alternate may be an elected official, staff, or individual selected by the member)

Name: _____ Title: _____

Preferred E-mail: _____

(Please note: E-mail is our primary form of communication)

Preferred Mailing Address: _____

Phone: (include as many as you like)

Business/Office: _____

Home: _____

Mobile/Text: _____

Completed by: _____ Date: _____
(Name and Title)