

**NATIONAL CONVENTION
BACKGROUND INFORMATION
BALTIMORE MARYLAND
AUGUST 6-9, 2018**

FULL NAME: _____

COUNCIL #: _____

ADDRESS: _____

PREFERRED PHONE: _____

CELL PHONE: _____

EMAIL: _____

MEMBERSHIP NUMBER: _____

DATE OF BIRTH: _____

INSURANCE MEMBER: _____

ASSOCIATE MEMBER: _____

SPOUSE'S NAME _____

NAME OF NOMINATOR: _____