

**NATIONAL CONVENTION
BACKGROUND INFORMATION
ST LOUIS, MO,
AUGUST 1-3, 2017**

FULL NAME: _____

COUNCIL #: _____

ADDRESS:

PREFERRED PHONE: _____

CELL PHONE: _____

EMAIL: _____

MEMBERSHIP NUMBER: _____

DATE OF BIRTH: _____

INSURANCE MEMBER: _____

ASSOCIATE MEMBER: _____

SPOUSE'S NAME _____

NAME OF NOMINATOR: _____