

**NATIONAL CONVENTION
BACKGROUND INFORMATION
Denver, Colorado
AUGUST 3 - 6, 2026**

FULL NAME: _____

COUNCIL #: _____

ADDRESS: _____

PREFERRED PHONE: _____

CELL PHONE: _____

EMAIL: _____

MEMBERSHIP NUMBER: _____

DATE OF BIRTH: _____

INSURANCE MEMBER: _____

ASSOCIATE MEMBER: _____

SPOUSE'S NAME _____

SPOUSE CELL PHONE: _____

NAME OF NOMINATOR: _____

HAVE YOU ATTENDED A SUPREME CONVENTION: _____

IF SO, WHAT YEAR: _____