



Orlando Diocesan Council of Catholic Women
National Council of Catholic Women

ALTERNATE DELEGATE VOTE FORM
For ODCCW Convention Voting Delegates

I, _____, hereby certify that
(Print Name)

as _____
(Position)

of _____
(Affiliation) (Deanery)

am unable to attend the ODCCW Convention on _____ and
(Date)

do hereby assign my alternate delegate vote to:

(Print Name of Person to Receive Alternate Delegate Vote) (Affiliation)

to vote on my behalf for all matters presented for a vote at the designated Convention.

Date: _____

Signatures required to be valid:

Person surrendering vote: _____

Person accepting the alternate delegate vote: _____

President of Affiliation: _____

Return this form with the Convention Registration of the woman carrying the alternate delegate vote. In order for this alternate delegate vote to be valid, she must be a full-time attendee. Retain a copy of this form for the woman holding the alternate delegate vote to carry with her to Convention.