

**M.A.I.A. IG/ALT REPRESENTATIVE INFORMATION FORM**

**YOUR SIGNATURE BELOW SIGNIFY THAT YOU ARE THE DULY ELECTED IG REP/ALT WHICH HAVE A VOICE AND VOTE.**

**\*\*\*IG REP/ALT MUST SIGN ROLL BY 1:00 P.M.\*\*\***

**GROUP  
NAME** \_\_\_\_\_

**REP'S FULL NAME PLEASE  
PRINT** \_\_\_\_\_

**REP'S FULL NAME PLEASE  
SIGN** \_\_\_\_\_

**REP'S MAILING  
ADDRESS W/ZIP** \_\_\_\_\_

**REP'S  
PHONE #'S** \_\_\_\_\_

**REP'S E-MAIL** \_\_\_\_\_

**ALTERNATE IG REP PLEASE  
PRINT** \_\_\_\_\_

**ALTERNATE REP PLEASE  
SIGN** \_\_\_\_\_

**ALTERNATE IG MAILING  
ADDRESS** \_\_\_\_\_

**ALT IG REP  
PHONE #** \_\_\_\_\_

**ALT IG REP  
E-MAIL** \_\_\_\_\_