



**NATIONAL ADVISORY COUNCIL DELEGATE LIST**

NAME OF THE ORGANIZATION : \_\_\_\_\_

NAME OF FOMAA REGION : \_\_\_\_\_

Delegate's SL#	Current President/Past Immediate President or Delegate's Full Name Full Name	Delegate's Contact #	Delegate's Email
01			
02			

**CERTIFICATION OF MEMBER ASSOCIATION**

We, the undersigned officers hereby certify that the above delegates are active members of our organization and they have been designated as a delegates to represent our organization at the upcoming FOMAA General Body meeting. We acknowledge that we have read and accept the provisions detailed in the FOMAA's by-laws.

Name of the President : \_\_\_\_\_ Signature: \_\_\_\_\_ Date: / / Contact# \_\_\_\_\_

Name of the Secretary : \_\_\_\_\_ Signature: \_\_\_\_\_ Date: / / Contact# \_\_\_\_\_