

GROUP/ALTERNATE GROUP SERVICE REPRESENTATIVE REGISTRATION FORM

The Family Group (as specified below) submits the following name to the Midwest Region for acknowledgment as its authorized voting representative until notified otherwise.

Name (PLEASE PRINT): _____
Acting as (with an [X]): [] Group Service Representative (GSR)
 [] Alternate Group Service Representative (AGSR)

Mailing Address: _____

City: _____ State: _____

eMail Address: _____

Phone Number (Your Preferred Contact #): (____) ____ - ____.

Representing Family Group (Name): _____

City: _____

IF YOU ARE A NEW GSR or ALTERNATE GSR, REPLACING A FORMER GSR or ALTERNATE GSR,
PLEASE COMPLETE THE FOLLOWING:

Name of Former GSR or Alternate GSR: _____

Your Effective Date of Service in New Role: _____

Submitted by:

Name (Print Please): _____

Service Position: _____

Signature: _____

Date: _____

Revised 14Jul2016 and Replaces GLS Form found on p 13-5
Submit Hard Copy of Completed Form to:
Cyndee Davies, 16019 Clarkson Mill Cir, Chesterfield, MO 63005
Or Scan Completed Form and
eMail to cyndee.davies@yahoo.com