**GROUP/ALTERNATE GROUP SERVICE REPRESENTATIVE SUBSTITUTION FORM**

**For purposes of group representation at the Assembly, the GSR (or Alternate GSR) submits the following Family Group Member name, who will be acting/voting on behalf of the group in place of the GSR/Alternate GSR:**

**Name (Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Family Group Represented (Please include City, State)**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Submitted by\*:**

**Name (Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Midwest Region Family Group Position: [ ] GSR [ ] Alternate GSR**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_**

**IMPORTANT NOTE: In order for the Substitute to have voting privileges at the Assembly, the form must be completed with the GSR or Alternate GSR’s signature and filed with the Region’s Secretary prior to any vote being taken. This document may be submitted as either a scanned copy or a hard copy.**