

WA CERTIFICATION OF DELEGATES

As a duly elected or Authorized Representative of	
Delegate Information:	
Delegate (1) Signature	Alternate Delegate (2) Signature
Printed Name	Printed Name
Title	Title
Authorization (Mayor, Director, Chief, etc.):	
Signature	
Printed Name	
Title	
This form must be returned prior to the Annual Meeting of the Members, scheduled for October 22, 2024. You can fax this form to 907-357-1400, email it to kelly@arwa.org with the subject titled "Delegate Form." Contact our office at 907-357-ARWA (2792) if you have any questions.	
Verification of Membership – FOR OFFICE USE ONLY	
Board Designated Representative Date	