

APPLICATION TO FORM AN IALD REGION**INSTRUCTIONS FOR APPLYING:**

DATE OF APPLICATION: _____
(DAY/MONTH/YEAR)

The application must include the signatures of at least **6** IALD members in good standing who support the formation of the Region.

LOCATION OF IALD REGION: _____

LIST OF MEMBERS:

Six IALD members, of whom at least four must be voting members, of whom at least one must be a Professional member. (Student members cannot be counted towards the required six members.)

PRINT NAME**SIGNATURE**

1. _____

2. _____

3. _____

4. _____

5. _____

**LEAD REGIONAL VOLUNTEER
COORDINATOR**

6. _____

LEAD REGIONAL VOLUNTEER COORDINATOR:

NAME: _____

COMPANY: _____

ADDRESS: _____

CITY: _____ **STATE/PROVINCE :** _____ **POSTAL CODE:** _____ **COUNTRY:** _____

PHONE: _____ **FAX:** _____ **EMAIL:** _____

