

**Registration Form for  
Fifth District Delegates Meeting  
July 15-18, 2009**  
(Please make a copy for each delegate)

NAME: \_\_\_\_\_  
(Please Print Clearly)

LOCAL: \_\_\_\_\_ Phone No \_\_\_\_\_  
Work Home FAX

Email address \_\_\_\_\_  
\_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

Please forward completed forms for each registrant by June 30, 2009 to:

AFGE Fifth District Office  
6724 Church St., Suite 2  
Riverdale, GA 30274

**NOTE IF THIS IS A NEW ADDRESS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_