

GROUP/ALTERNATE GROUP SERVICE REPRESENTATIVE
REGISTRATION FORM

The area submits the following name to the region for acknowledgment as an authorized group/alternate group service representative, until notified otherwise.

CHECK ONE: GROUP SERVICE REPRESENTATIVE [] / ALTERNATE []

Name: _____

Address: _____

Phone Number: _____

Area: _____

Group: _____

Email address: _____

COMPLETE THE FOLLOWING IF REGISTERING A NEW GROUP SERVICE REPRESENTATIVE:

Previous Group Service Representative: _____

Effective Date: _____

Submitted by:

Name: _____

ASC Position: _____

Signature: _____ Date: _____

Email address: _____

