# of Delegate Votes Submitted	

Form 36

OMEGA PSI PHI FRATERNITY, INC.

65th Eighth District Meeting

Chapter Name		**Chapter Type**		**Today's Date**		**Total # Of Votes**	

Control #	**Name** **Last, First, Middle Initial**	**Email Address** **(used to contact delegate if needed)**	**Delegate Type**	
			Chapter	
			Chapter	
.			Chapter	

Please note that only ONE Delegate can vote twice IF the chapter is eligible per distance requirements. These requirements are clearly defined in the 8th District Bylaws. **PRIMARY** delegates can cast votes. **ALTERNATE** Delegates can replace a primary delegate with chapter authorization. Chapters should NOT designate more delegates than they have votes. Doing so may prevent their delegates from being able to vote until the discrepancy is resolved.

TO WHOM IT MAY CONCERN: This is to certify that the Brothers listed above are bona fide members of our chapter and are in good financial standing as defined in the 8th District Bylaws. They have been duly elected to serve as a Delegate or Alternate Delegate to the 63rd Eighth District Meeting as indicated above and are to have all the rights and privileges pertaining thereto. Please note that our Chapter has reviewed its records and we show no outstanding insurance or CEF payments due to the National Organization as of the date of this statement.

Fraternally,

Basileus Name (Please Print) _____ Basileus Signature _____

Keeper of Records and Seal Name (Please Print) _____ Keeper of Records and Seal Signature _____

Important Note:
This form is to be **RECEIVED** by the DKRS
NO LATER THAN April 1, 2014

65th Eighth District Meeting - Attn: Form 36
Bro. Osuman O. Issaka, DKRS
8th District Keeper of Records & Seal
3220 Farnam Street Apt#2517
Omaha, NE 68131
Email a copy to **8thDistrictKRS@oppf.org**

IN ORDER FOR CHAPTERS TO HAVE VOTING PRIVILEGES DURING ANY CONCLAVE OR DISTRICT MEETING, THE CHAPTER'S ANNUAL INSURANCE & CEF OBLIGATIONS MUST BE PAID TO INTERNATIONAL HEADQUARTERS PRIOR TO THAT MEETING.

A CURRENT COPY OF FORM 50 SHOULD ACCOMPANY THIS FORM.