



INTERNATIONAL ORDER OF THE BLUE GAVEL®
THE ASSOCIATION OF PAST COMMODORES
DELTA DISTRICT 19

Chapter New Member Nomination Form

Complete the Chapter New Member Nomination Form. Include the New Member application, with a check for **\$50.00**. Mail it to the address at the bottom of this form.

Date: _____

To: IOBG Delta District #19 Board of Directors

From: Past Commodore _____ of the _____ Chapter of
IOBG Delta District #19

Re: New Member(s)

1. _____ 3. _____

2. _____ 4. _____

The meeting of the _____ Chapter of IOBG Delta District #19 was
held on _____

The following members of our Chapter approved the new member(s) at the above meeting.

Print Name	Signature
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

P/C Marina Faconti, Vice President
IOBG Delta District #19
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(925) 759-2764

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