

# Submitter Authorization Form

**Members cannot submit class enrollments for themselves:** Submitter information must be filled out by the Local Lodge President, Business Representative or General Chairperson.

Submitter Name: \_\_\_\_\_

Submitter Title: \_\_\_\_\_

Local Lodge No: \_\_\_\_\_ Or District Lodge No: \_\_\_\_\_

Local or District Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone/Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Lodge President or Officer (*Signature*): \_\_\_\_\_

Name of Person Attending Training: \_\_\_\_\_

**ENROLLMENTS CANNOT BE PROCESSED**  
**WITHOUT LOCAL LODGE APPROVAL**