

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