

Region IV WSBC Delegate Application

Submitted for consideration at the Region Four Assembly in the fall of 20\_\_.  
I am applying for a position as a WSBC Delegate for Region Four

Full name: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Years in OA: \_\_\_\_\_ Years of service above group: \_\_\_\_\_

Date continuous abstinence began: \_\_\_\_\_

**I certify that I have read the qualifications and duties of the office of the WSBC delegate and understand the responsibilities of such position.**

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Date

**IMPORTANT**

This form, when completed, must be sent to Region IV, PO Box 1604, Fenton, MO 63026.

Type or print in black ink only. Do not write beyond the margins. Enter all information on this form. Attachments will be reproduced for circulation to the Regional Representatives.

This application must be **postmarked** 60 days prior to the date of the Region Assembly. It is each applicant's responsibility to verify receipt of application.

Additional copies of this form may be obtained from the Region Four Office Manager or downloaded from the Region Four website.

Summary of my OA responsibilities:

I can bring the following business, professional or other experience and skill to the Region:

I would like to be a Region WSBC Delegate for the following reason(s):

Brief account of my OA story (Physical, Emotional and Spiritual):