



**Certificate of Eligibility – SOAR 8 Business Assembly  
Region 8 Representatives Continued**

Rep  Alt  Name: \_\_\_\_\_ Home Phone #: (     ) \_\_\_\_\_

Email Address: \_\_\_\_\_ Mobile Phone #: (     ) \_\_\_\_\_

**Mailing Address**

\_\_\_\_\_ Street / PO Box City State Zip

Rep  Alt  Name: \_\_\_\_\_ Home Phone #: (     ) \_\_\_\_\_

Email Address: \_\_\_\_\_ Mobile Phone #: (     ) \_\_\_\_\_

**Mailing Address**

\_\_\_\_\_ Street / PO Box City State Zip

Rep  Alt  Name: \_\_\_\_\_ Home Phone #: (     ) \_\_\_\_\_

Email Address: \_\_\_\_\_ Mobile Phone #: (     ) \_\_\_\_\_

**Mailing Address**

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Rep  Alt  Name: \_\_\_\_\_ Home Phone #: (     ) \_\_\_\_\_

Email Address: \_\_\_\_\_ Mobile Phone #: (     ) \_\_\_\_\_

**Mailing Address**

\_\_\_\_\_ Street / PO Box City State Zip

**Please delete the following names from SOAR 8's list of registered Reps:**

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I certify that the representatives and alternates listed on this certificate were elected by our Intergroup to serve from \_\_\_\_\_ to \_\_\_\_\_ and are eligible to vote as defined in the SOAR 8 ByLaws and Policy & Procedure manual.

**Signature of Intergroup Chair:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please update your information with the Region 8 Secretary as changes occur**