

Name: \_\_\_\_\_ Assembly/Jurisdiction \_\_\_\_\_

Address: \_\_\_\_\_ Phone #'s \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

Please list the names and titles of those registering **exactly as you would like the name and title to appear on the name badge.** Dignitaries please indicate the title under which you should be introduced. Assemblies, please list all member names & titles as you would like the name badge to appear.

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Mail completed registration forms to:  
Carol Huston, Supreme Deputy  
314 West Dodge St.  
Glendive, MT 59330

