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