

## Area/Regional Trusted Servant Information

Service Body Name : \_\_\_\_\_ Date Formed : \_\_\_\_\_

Registered with NAWS? Y - N

Service Position : _____ Elected Date : _____ Completion Date : _____ Trusted Servant Name : _____ Address : _____ _____ Phone : _____ Email : _____	Service Position : _____ Elected Date : _____ Completion Date : _____ Trusted Servant Name : _____ Address : _____ _____ Phone : _____ Email : _____
Service Position : _____ Elected Date : _____ Completion Date : _____ Trusted Servant Name : _____ Address : _____ _____ Phone : _____ Email : _____	Service Position : _____ Elected Date : _____ Completion Date : _____ Trusted Servant Name : _____ Address : _____ _____ Phone : _____ Email : _____
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