



WYOMING
ASSOCIATION
OF MUNICIPALITIES

315 West 27th Street
Cheyenne, WY 82001
Phone (307) 632-0398
FAX (307) 632-1942
email: wam@wyomuni.org

MEMORANDUM

TO: **Municipal Clerks (*Please pass to Mayors and Council Members*)**

FROM: Ginger Newman, Director of Communications and Training

SUBJECT: **Voting Delegates for the 2014 WAM Winter Workshop (February 26-28, 2014)**

DATE: October 16, 2013

WAM will hold a business meeting at the Winter Workshop in Cheyenne on Wednesday, February 26, 2014 at 4:00pm at Little America following the legislative review. **Any** individual member of WAM is entitled to speak during the business meeting. However whenever a vote is taken **only the official voting delegate, or the alternate**, is allowed to vote for the city or town. Any elected or appointed official/staff may be designated by the city/town as its official voting delegate.

Please complete the attached form and mail/fax it to WAM by Friday, February 7, 2014. We appreciate your cooperation on this matter to ensure each municipality is represented by a person who has been duly authorized by your governing body to vote at the business meeting.

If you find your official delegate is not able to attend the Winter Workshop at the last moment, you may re-appoint someone else. In order for this change to be accepted we do need the change **in writing**. You may send/fax it to the WAM office by Friday, February 21, 2014 or your voting delegate may bring the written change/authorization to Winter Workshop and submit it to the WAM registration desk **by Wednesday, February 26, 2014 before 12:00n.** After that time, changes will not be accepted.

Please contact us with any questions.

Ensure YOUR community has a VOICE and a VOTE at the winter business meeting!

**WYOMING ASSOCIATION OF MUNICIPALITIES
2014 WAM WINTER WORKSHOP
OFFICIAL VOTING DELEGATE FORM**

The following person has been selected as the ***Official Voting Delegate*** for the 2014 WAM Winter Workshop Business Meeting in Cheyenne, Wednesday, February 26, 2014.

City/Town: _____

Name: _____

Title: _____

Alternate Delegate will be: _____

Title: _____

Date Approved by the City/Town Council: _____

Attest: _____ (City/Town Clerk)

PLEASE MAIL/FAX TO WAM NO LATER THAN February 7, 2014

315 West 27 Street, Cheyenne, WY 82001

Phone (307) 632-0398, Fax (307) 632-1942 or

Email to Earla Checchi at: checchi@wyomuni.org

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