



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 2015 WAM Winter Workshop (January 21-23, 2015)**

DATE: October 13, 2015

WAM will hold a business meeting at the Winter Workshop in Cheyenne on Wednesday afternoon, January 21, 2015 at Little America following the legislative review. **Any** individual member of WAM is entitled to speak during the business meeting. However when 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, January 2, 2015. 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, January 16, 2015 or your voting delegate may bring the written change/authorization to Winter Workshop and submit it to the WAM registration desk **by Wednesday, January 21, 2015 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
2015 WAM WINTER WORKSHOP
OFFICIAL VOTING DELEGATE FORM**

The following person has been selected as the ***Official Voting Delegate*** for the 2015 WAM Winter Workshop Business Meeting in Cheyenne, Wednesday, January 21, 2015.

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 January 2, 2015

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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