

# California AΔK 36<sup>th</sup> State Convention Registration Planner

May 1st-3rd, 2026 Veterans Memorial District, 808 Fourth St, Clovis, CA

Please use this information to guide your completion of the online registration. Ask a buddy to help if needed. **DO NOT SUBMIT THIS FORM.** All registrations must be submitted using this link:

<https://forms.gle/Efi6aFUm1bCJa6b7>

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Chapter: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

*(Confirmation will be sent via email)*

Emergency Contact Information: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## **Special Designation - Years of Membership** (Check if applicable)

\_\_\_ Pearl Sister (less than 10 yrs) \_\_\_ Violet Sister (10-24 yrs) \_\_\_ Silver Sister (25-34yrs)  
\_\_\_ Sapphire Sister (35-49 yrs) \_\_\_ Golden Sister (50+ yrs) \_\_\_ Diamond Sister (60-69 yrs)  
\_\_\_ Platinum (70+)

\_\_\_ First Timer to State Convention (Noel Leonard Grant Recipient) \_\_\_ Chapter President

## **Registration Fee (AΔK member):**

*Includes Saturday Leadership Continental Breakfast (all attendees invited), Luncheon and Dinner Banquet*

\$ 170 \$ \_\_\_\_\_

**Luncheon:** Turkey and Alfalfa Sprout Croissant Sandwich + Salad

**Banquet Menu:** Grilled Chicken Breast with lemon caper marinade and roasted red peppers, Rice Pilaf and Green Beans Almondine

Special dietary restrictions: \_\_\_\_\_

## **Guest Tickets**

Luncheon \_\_\_\_\_ @ \$35 each      Banquet \_\_\_\_\_ @ \$50 each      Subtotal \$ \_\_\_\_\_

Guest(s) Name(s) \_\_\_\_\_ TOTAL AMOUNT ENCLOSED \$ \_\_\_\_\_

**The following positions are eligible to vote. Please mark only one category to determine your voting group:**

\_\_\_ Chapter Delegate (Each chapter has 1 delegate per 10 members)  
\_\_\_ Chapter Alternate (Votes only in absence of the delegate)  
\_\_\_ CA Executive Board Member  
\_\_\_ Past CA State President  
\_\_\_ State Committee Chairman \_\_\_\_\_ (specify which committee)  
\_\_\_ Presidents' Council Representative (either President or her alternate)  
\_\_\_ Chairman for State Convention Committee \_\_\_\_\_ (specify which chairman)

\_\_\_ **Yes! I'll volunteer as an Assistant Sergeant-at-Arms/Page**

**\*\*To pay by check, Mail check only to: Rita Prichard, Convention Registration Chair**

2212 McLaren Dr., Roseville, CA 95661

**Registration Deadline: March 31, 2026      \*\*Make Checks payable to: Rita Prichard**

**\*\*To pay by Zelle, send to Rita at [prichard.rita@gmail.com](mailto:prichard.rita@gmail.com) In the memo line: Your name**