ריצתפלחהספוט

םיריצהתכשל:אל

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ןוגרא/תעיסחוכבא

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:תמא

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:תאריצכרשאלםישקבמואנ

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:םירוגמץאר

\_\_\_\_\_\_\_\_\_:ןוכדר/.זת.

תעדהוהזבףרוצמ.רטפתהש\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:םוקמב

.המוחתתורטפתה

סרגנוקהדרשמלחולשלוהמיתחםעקורסקתועףרצליש

Brachac@wzo.org.il

DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:ךיראת

TIME:\_\_\_\_\_\_\_\_\_:העש

SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:המיתח

-ע"צהלשתויטרפהתוינידמלםאתהבהשעייעדימבשומיהש

http://www.wzo.org.il/privacy



Delegate Replacement Form

To: The Office of Delegates

From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legally representing faction / organization

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We ask to confirm as delegate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ID. / Passport: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country of residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instead of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ who resigned. Attached is a signed

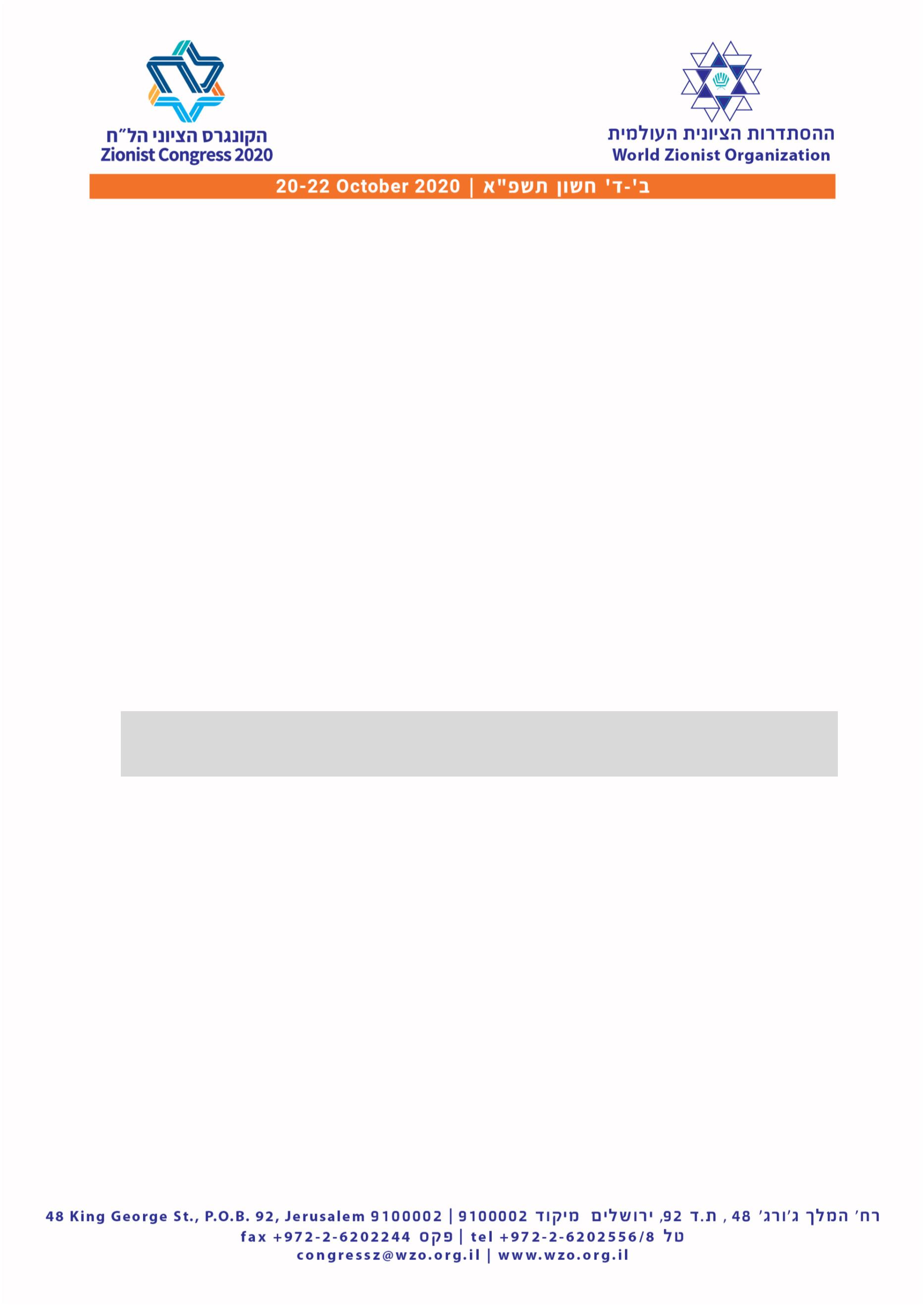
resignation notice.

**The signed and scanned form must be attached, and sent to the**

**Congress Office at** Brachac@wzo.org.il

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