

MONTANA LEGISLATURE - SENATE
ALTERNATE DESIGNATION OF PAGE

1. NAME: _____
Last Name First Name Middle Initial

2. SOCIAL SECURITY# (REQUIRED) _____ Date of Birth: _____

3. ADDRESS: _____
Street # City State Zip

4. TELEPHONE #: _____
Home Parent's work

5. HELENA ADDRESS: _____
(If available)

6. PARENTS' NAMES: _____

7. NAME OF SCHOOL: _____ GRADE: JR or SR (circle)

8. SCHOOL/COMMUNITY ACTIVITIES:

9. Have you ever served as a Page? YES or NO Where? _____

10. PREFER TO SERVE WEEK BEGINNING: First Choice: _____
Second Choice: _____

11. SIGNATURE OF SENATOR: _____ DIST# _____
(REQUIRED)

On first day of service all Pages MUST PROVIDE I-9 Information which can be either a PASSPORT, **OR** Birth Certificate/Social Security Card with DRIVERS LICENSE or ID CARD WITH PHOTO. In determining service week, be sure to check local school calendars for conflicts! Page designees will be notified at least 2 weeks in advance of service dates, if possible. Once a Page is scheduled, we cannot guarantee changes. BE SURE NAMES ARE CLEAR AS PAGE BADGES ARE ORDERED WEEKS IN ADVANCE WITH THE NAME AS IT APPEARS ABOVE. Questions: Email Marilyn Miller at MMiller2@mt.gov or call (406)444-4801

Submit completed (incomplete forms will not be accepted) form to:
Montana State Senate
Capitol Bldg
PO Box 200500
Helena MT 59620-0500

Pages are scheduled in order of receipt so return ASAP

RECEIVED DATE _____
(office use only)