

CREDENTIALS OF DELEGATES  
To the  
MICHIGAN STATE USBC ANNUAL MEETING

This is to certify that at a regular meeting of the (Association) \_\_\_\_\_  
The \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, the following were duly elected as delegates to the Annual Meeting of the Michigan State USBC, to be held in Lansing, Michigan on June 22, 2019.

**Please List any ALTERNATE DELEGATES on the alternate form.** (This form may also be completed on-line at our website: michiganstateusbc.com under Forms, Associations). Please complete, print and E-mail, Mail or Fax.

1. Name \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_  
City/Zip \_\_\_\_\_ E-mail Address: \_\_\_\_\_

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2. Name \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_  
City/Zip \_\_\_\_\_ E-mail Address: \_\_\_\_\_

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3. Name \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_  
City/Zip \_\_\_\_\_ E-mail Address: \_\_\_\_\_

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4. Name \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_  
City/Zip \_\_\_\_\_ E-mail Address: \_\_\_\_\_

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5. Name \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_  
City/Zip \_\_\_\_\_ E-mail Address: \_\_\_\_\_

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6. Name \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_  
City/Zip \_\_\_\_\_ E-mail Address: \_\_\_\_\_

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7. Name \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_  
City/Zip \_\_\_\_\_ E-mail Address: \_\_\_\_\_

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\_\_\_\_\_  
Signature of President

\_\_\_\_\_  
Signature of Association Manager

E-Mail: \_\_\_\_\_

Please complete this form & return to the Michigan State USBC Manager no later than **MAY 8, 2019**. Forms received after this date **cannot be honored**. Mail, E-mail or Fax completed form to:

Michigan State USBC – PO Box 217 - Grandville MI 49468 - FAX: (616) 635-2034

**ALTERNATES ONLY**

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MICHIGAN STATE USBC ANNUAL MEETING

1. Name \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_  
City/Zip \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Alternate for: \_\_\_\_\_

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2. Name \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_  
City/Zip \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Alternate for: \_\_\_\_\_

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City/Zip \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Alternate for: \_\_\_\_\_

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4. Name \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_  
City/Zip \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
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Address \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_  
City/Zip \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Alternate for: \_\_\_\_\_

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Address \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_  
City/Zip \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Alternate for: \_\_\_\_\_

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7. Name \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_  
City/Zip \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Alternate for: \_\_\_\_\_