

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 Sterling Heights, Michigan on June 27, 2020.

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 12, 2020.**

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
To the
MICHIGAN STATE USBC
ANNUAL MEETING

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

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