## CREDENTIALS OF DELEGATES To the MICHIGAN STATE USBC ANNUAL MEETING

This is to certify that at an annual meeting of the (Association)		
	day of eting of the Michigan State USBC, to be he	20, the following were duly <u>elected</u> as delegates to the Annual
		the alternate form. (This form may also be completed on-line at our website:
mic	higanstateusbc.com under Forms, Associa	tions). Please complete, print and E-mail, Mail or Fax.
1.	Name	Phone: ()
	Address	
		E-mail Address:
2.	Name	Phone: ()
	Address	
		E-mail Address:
3.	Name	
	Address	Fax: ()
	City/Zip	E-mail Address:
4.	Name	Phone: ()
	Address	Fax: ()
	City/Zip	E-mail Address:
5.	Name	Phone: ()
	Address	Fax: ()
	City/Zip	E-mail Address:
6.	Name	Phone: ()
	Address	Fax: ()
	City/Zip	E-mail Address:
7.	Name	Phone: ()
	Address	
	City/Zip	
	antura of Dracidant	Cignoture of Accociation Manager
Sigi	nature of President	Signature of Association Manager E-Mail:

Please complete this form & return to the Michigan State USBC Manager no later than <u>MAY 10, 2021.</u> Forms received after this date <u>cannot</u> be honored. Mail, E-mail or Fax completed form to:

Michigan State USBC - PO Box 217 - Grandville MI 49468 - FAX: (616) 635-2034 - Email: Manager@michiganstateusbc.com