

CREDENTIALS OF DELEGATES
To the
MICHIGAN STATE USBC ANNUAL MEETING

This is to certify that at an annual 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 Midland Michigan on June 22, 2024.

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 mail or fax, or save and E-mail.

1. Name _____ Phone: _____
Address _____ Fax: _____
City _____ Zip _____ E-mail Address: _____

2. Name _____ Phone: _____
Address _____ Fax: _____
City _____ Zip _____ E-mail Address: _____

3. Name _____ Phone: _____
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 _____ Fax: _____
City _____ Zip _____ E-mail Address: _____

Signature of President

Signature of Association Manager

E-Mail: _____

Please complete this form & return it to the Michigan State USBC Manager no later than **MAY 11, 2024.**
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 – Email: Manager@michiganstateusbc.com