

CREDENTIALS OF **ALTERNATE** DELEGATES
To the
MICHIGAN STATE USBC ANNUAL MEETING

This is to certify that at an annual meeting of the _____ Association,
On 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.

(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: _____
Alternate for: _____

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

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

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

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

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

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

Signature of President

Signature of Association Manager

E-Mail: _____

Please complete this form & return it to the Michigan State USBC Manager.

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