

LOCAL USBC ASSOCIATION DELEGATE CREDENTIALS FORM

New York State USBC, Inc. Annual Meeting,
June 1, 2024 - Crowne Plaza Albany - The Desmond Hotel
660 Albany Shaker Rd, Albany, NY 12211

This is to certify that at a membership meeting of the _____
(association), on _____ (date), the following people were duly elected as delegates
to the New York State USBC Annual Meeting in 2024.

Your Local Association Is Eligible to Send _____ Delegates to The Annual Meeting.

When electing delegate please consider sending youth representatives

1. Name: _____ email: _____
Street: _____ City: _____ St./Zip: _____

2. Name: _____ email: _____
Street: _____ City: _____ St./Zip: _____

3. Name: _____ email: _____
Street: _____ City: _____ St./Zip: _____

4. Name: _____ email: _____
Street: _____ City: _____ St./Zip: _____

5. Name: _____ email: _____
Street: _____ City: _____ St./Zip: _____

6. Name: _____ email: _____
Street: _____ City: _____ St./Zip: _____

7. Name: _____ email: _____
Street: _____ City: _____ St./Zip: _____

8. Name: _____ email: _____
Street: _____ City: _____ St./Zip: _____

ALTERNATE DELEGATES:

1. Name: _____ email: _____
Street: _____ City: _____ St./Zip: _____

2. Name: _____ email: _____
Street: _____ City: _____ St./Zip: _____

3. Name: _____ email: _____
Street: _____ City: _____ St./Zip: _____

4. Name: _____ email: _____
Street: _____ City: _____ St./Zip: _____

<i>Number of Delegates Allowed</i>			
<u>Membership</u>	<u>No of Delegates</u>	<u>Membership</u>	<u>No of Delegates</u>
Up to 1,000	2	1,001 to 2,000	4
2,001 to 3,000	6	4,001 and up	8

Return this form via email to NYSUSBCAnnualMeeting@gmail.com or via fax (845) 363-1374.