

LOCAL USBC ASSOCIATION DELEGATE CREDENTIALS FORM

New York State USBC, Inc. Annual Meeting, **The Desmond Hotel Albany**,
660 Albany Shaker Rd, Albany, NY 12211. 855-516-1090.

**This is to certify that at a membership meeting of the _____,
on _____, the following people were duly elected as delegates to the New York
State USBC Annual Meeting in 2021.**

**YOUR LOCAL ASSOCIATION IS ELIGIBLE TO SEND _____ ADULT DELEGATES
AND _____ YOUTH DELEGATES TO THE ANNUAL MEETING.**

A if Adult Delegate, Y if Youth Delegate, A/Y if both Adult and Youth Delegate

____ 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: _____

____ 9. Name: _____ email: _____
Street: _____ City: _____ St./Zip: _____

____ 10. Name: _____ email: _____
Street: _____ City: _____ St./Zip: _____

____ 11. Name: _____ email: _____
Street: _____ City: _____ St./Zip: _____

____ 12. Name: _____ email: _____
Street: _____ City: _____ St./Zip: _____

President's Signature

Association Manager's Signature

**Return to NYS USBC, 9 Tanager Rd, Brewster, NY 10509 or fax: 845-363-1374 by January 15,
2020. Please list ALTERNATE DELEGATES below.**

ALTERNATE DELEGATES:

Alt.A if Alternate Adult Delegate

Alt.Y if Alternate Youth Delegate

Alt. A/Y if Alternate Adult-Youth Delegate

- ____ 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: _____