

ILLINOIS STATE USBC

ALTERNATE DELEGATE CREDENTIAL
MARCH 16, 2019 11:00 A.M.
Holiday Inn Hotes & Suites
3202 E. Empire Street
Bloomington, IL 61704

THIS IS TO CERTIFY THAT AT A MEMBERSHIP MEETING OF THE

ASSOCIATION NAME

ASSOCIATION #

THE FOLLOWING WERE DULY ELECTED DELEGATES TO THE 2019 ILLINOIS STATE USBC ANNUAL MEETING

1	FULL NAME OF ALTERNATE DELEGATE	CERTIFICATION ID #	PHONE #
	ADDRESS	CITY	STATE ZIP
	<input type="checkbox"/> CHECK HERE IF NEW ADDRESS		
2	FULL NAME OF ALTERNATE DELEGATE	CERTIFICATION ID #	PHONE #
	ADDRESS	CITY	STATE ZIP
	<input type="checkbox"/> CHECK HERE IF NEW ADDRESS		
3	FULL NAME OF ALTERNATE DELEGATE	CERTIFICATION ID #	PHONE #
	ADDRESS	CITY	STATE ZIP
	<input type="checkbox"/> CHECK HERE IF NEW ADDRESS		
4	FULL NAME OF ALTERNATE DELEGATE	CERTIFICATION ID #	PHONE #
	ADDRESS	CITY	STATE ZIP
	<input type="checkbox"/> CHECK HERE IF NEW ADDRESS		
5	FULL NAME OF ALTERNATE DELEGATE	CERTIFICATION ID #	PHONE #
	ADDRESS	CITY	STATE ZIP
	<input type="checkbox"/> CHECK HERE IF NEW ADDRESS		
6	FULL NAME OF ALTERNATE DELEGATE	CERTIFICATION ID #	PHONE #
	ADDRESS	CITY	STATE ZIP
	<input type="checkbox"/> CHECK HERE IF NEW ADDRESS		
7	FULL NAME OF ALTERNATE DELEGATE	CERTIFICATION ID #	PHONE #
	ADDRESS	CITY	STATE ZIP
	<input type="checkbox"/> CHECK HERE IF NEW ADDRESS		
8	FULL NAME OF ALTERNATE DELEGATE	CERTIFICATION ID #	PHONE #
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	<input type="checkbox"/> CHECK HERE IF NEW ADDRESS		

9	FULL NAME OF ALTERNATE DELEGATE	CERTIFICATION ID #	PHONE #
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10	FULL NAME OF ALTERNATE DELEGATE	CERTIFICATION ID #	PHONE #
	ADDRESS	CITY	STATE ZIP
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11	FULL NAME OF ALTERNATE DELEGATE	CERTIFICATION ID#	PHONE #
	ADDRESS	CITY	STATE ZIP
	<input type="checkbox"/>	CHECK HERE IF NEW ADDRESS	
12	FULL NAME OF ALTERNATE DELEGATE	CERTIFICATION ID #	PHONE #
	ADDRESS	CITY	STATE ZIP
	<input type="checkbox"/>	CHECK HERE IF NEW ADDRESS	
13	FULL NAME OF ALTERNATE DELEGATE	CERTIFICATION ID #	PHONE #
	ADDRESS	CITY	STATE ZIP
	<input type="checkbox"/>	CHECK HERE IF NEW ADDRESS	
14	FULL NAME OF ALTERNATE DELEGATE	CERTIFICATION ID #	PHONE #
	ADDRESS	CITY	STATE ZIP
	<input type="checkbox"/>	CHECK HERE IF NEW ADDRESS	
15	FULL NAME OF ALTERNATE DELEGATE	CERTIFICATION ID #	PHONE #
	ADDRESS	CITY	STATE ZIP
	<input type="checkbox"/>	CHECK HERE IF NEW ADDRESS	
16	FULL NAME OF ALTERNATE DELEGATE	CERTIFICATION ID #	PHONE #
	ADDRESS	CITY	STATE ZIP
	<input type="checkbox"/>	CHECK HERE IF NEW ADDRESS	

Signature of Association Manager

Important Notice:

Properly completed credential must be forwarded to Illinois USBC and postmarked on or before January 15, 2019

MAIL TO ILLINOIS STATE USBC
 EARLENE M. NELSON, ASSOCIATION MANAGER
 402 W. HAMILTON ROAD
 BLOOMINGTON, IL 61704