

ILLINOIS STATE USBC

DELEGATE CREDENTIAL

MARCH 16, 2019 11:00 A.M.

Holiday Inn Hotel and Suites

3202 E. Empire Street

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

9	FULL NAME OF DELEGATE	CERTIFICATION ID #	PHONE #
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10	FULL NAME OF DELEGATE	CERTIFICATION ID #	PHONE #
	ADDRESS	CITY	STATE ZIP
	■ CHECK HERE IF NEW ADDRESS		
11	FULL NAME OF DELEGATE	CERTIFICATION ID	PHONE
	ADDRESS	CITY	STATE ZIP
	■ CHECK HERE IF NEW ADDRESS		
12	FULL NAME OF DELEGATE	CERTIFICATION ID #	PHONE #
	ADDRESS	CITY	STATE ZIP
	■ CHECK HERE IF NEW ADDRESS		
13	FULL NAME OF DELEGATE	CERTIFICATION ID #	PHONE #
	ADDRESS	CITY	STATE ZIP
	■ CHECK HERE IF NEW ADDRESS		
14	FULL NAME OF DELEGATE	CERTIFICATION ID #	PHONE #
	ADDRESS	CITY	STATE ZIP
	■ CHECK HERE IF NEW ADDRESS		
15	FULL NAME OF DELEGATE	CERTIFICATION ID #	PHONE #
	ADDRESS	CITY	STATE ZIP
	■ CHECK HERE IF NEW ADDRESS		
16	FULL NAME OF DELEGATE	CERTIFICATION ID #	PHONE #
	ADDRESS	CITY	STATE ZIP
	■ 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