

ILLINOIS STATE USBC WBA

ALTERNATE CREDENTIAL
FEBRUARY 15, 2014 11:00 A.M.
NATIONAL SHRINE OF OUR LADY OF THE SNOWS BANQUET CENTER
442 S. De Mazenod Drive
Belleville, Illinois 62223

THIS IS TO CERTIFY THAT AT A MEMBERSHIP MEETING OF THE

ASSOCIATION NAME

ASSOCIATION #

THE FOLLOWING WERE DULY ELECTED ALTERNATE DELEGATES TO THE 2014 ILLINOIS USBC WBA ANNUAL MEETING

1 FULL NAME OF ALTERNATE DELEGATE CERTIFICATION ID # PHONE #

ADDRESS CITY STATE ZIP
 CHECK HERE IF NEW ADDRESS

2 FULL NAME OF ALTERNATE DELEGATE CERTIFICATION ID # PHONE #

ADDRESS CITY STATE ZIP
 CHECK HERE IF NEW ADDRESS

3 FULL NAME OF ALTERNATE DELEGATE CERTIFICATION ID # PHONE #

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4 FULL NAME OF ALTERNATE DELEGATE CERTIFICATION ID # PHONE #

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5 FULL NAME OF ALTERNATE DELEGATE CERTIFICATION ID # PHONE #

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6 FULL NAME OF ALTERNATE DELEGATE CERTIFICATION ID # PHONE #

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7 FULL NAME OF ALTERNATE DELEGATE CERTIFICATION ID # PHONE #

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8	FULL NAME OF ALTERNATE DELEGATE		CERTIFICATION ID #	PHONE #
	ADDRESS	CITY	STATE	ZIP
	<input type="checkbox"/>	CHECK HERE IF NEW ADDRESS		
9	FULL NAME OF ALTERNATE DELEGATE		CERTIFICATION ID #	PHONE #
	ADDRESS	CITY	STATE	ZIP
	<input type="checkbox"/>	CHECK HERE IF NEW ADDRESS		
10	FULL NAME OF ALTERNATE DELEGATE		CERTIFICATION ID #	PHONE #
	ADDRESS	CITY	STATE	ZIP
	<input type="checkbox"/>	CHECK HERE IF NEW ADDRESS		
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 WBA and postmarked on or before December 16, 2013
MAIL TO ILLINOIS USBC WBA
1224 Towanda Avenue, Unit 22
BLOOMINGTON, IL 61701