

ILLINOIS STATE USBC WBA

DELEGATE 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 DELEGATES TO THE 2012 ILLINOIS USBC WBA 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 # |
| | ADDRESS | CITY | STATE ZIP |
| | <input type="checkbox"/> | CHECK HERE IF NEW ADDRESS | |
| 10 | FULL NAME OF DELEGATE | CERTIFICATION ID # | PHONE # |
| | ADDRESS | CITY | STATE ZIP |
| | <input type="checkbox"/> | CHECK HERE IF NEW ADDRESS | |
| 11 | FULL NAME OF DELEGATE | CERTIFICATION ID# | PHONE # |
| | ADDRESS | CITY | STATE ZIP |
| | <input type="checkbox"/> | CHECK HERE IF NEW ADDRESS | |
| 12 | FULL NAME OF DELEGATE | CERTIFICATION ID # | PHONE # |
| | ADDRESS | CITY | STATE ZIP |
| | <input type="checkbox"/> | CHECK HERE IF NEW ADDRESS | |
| 13 | FULL NAME OF DELEGATE | CERTIFICATION ID # | PHONE # |
| | ADDRESS | CITY | STATE ZIP |
| | <input type="checkbox"/> | CHECK HERE IF NEW ADDRESS | |
| 14 | FULL NAME OF DELEGATE | CERTIFICATION ID # | PHONE # |
| | ADDRESS | CITY | STATE ZIP |
| | <input type="checkbox"/> | CHECK HERE IF NEW ADDRESS | |
| 15 | FULL NAME OF DELEGATE | CERTIFICATION ID # | PHONE # |
| | ADDRESS | CITY | STATE ZIP |
| | <input type="checkbox"/> | CHECK HERE IF NEW ADDRESS | |
| 16 | FULL NAME OF 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