

ILLINOIS STATE USBC
DELEGATE CREDENTIAL
MARCH 16, 2024, 10:00 A.M.

DECATUR CONFERENCE CENTER

4191 US-36, DECATUR IL 62522 (217) 422-8800

THIS IS TO CERTIFY THAT AT A MEMBERSHIP MEETING OF THE

Association Name _____ Association # _____

THE FOLLOWING WERE DULY ELECTED DELEGATES TO THE 2023 ILLINOIS STATE USBC ANNUAL MEETING

1.

FULL NAME OF DELEGATE	CTF. #	PHONE #
ADDRESS	CITY	STATE ZIP
2.

FULL NAME OF DELEGATE	CTF. #	PHONE #
ADDRESS	CITY	STATE ZIP
3.

FULL NAME OF DELEGATE	CTF. #	PHONE #
ADDRESS	CITY	STATE ZIP
4.

FULL NAME OF DELEGATE	CTF. #	PHONE #
ADDRESS	CITY	STATE ZIP
5.

FULL NAME OF DELEGATE	CTF. #	PHONE #
ADDRESS	CITY	STATE ZIP
6.

FULL NAME OF DELEGATE	CTF. #	PHONE #
ADDRESS	CITY	STATE ZIP
7.

FULL NAME OF DELEGATE	CTF. #	PHONE #
ADDRESS	CITY	STATE ZIP
8.

FULL NAME OF DELEGATE	CTF. #	PHONE #
ADDRESS	CITY	STATE ZIP

9.	FULL NAME OF DELEGATE				CTF. #		PHONE #	
	ADDRESS				CITY		STATE ZIP	
10.	FULL NAME OF DELEGATE				CTF. #		PHONE #	
	ADDRESS				CITY		STATE ZIP	
11.	FULL NAME OF DELEGATE				CTF. #		PHONE #	
	ADDRESS				CITY		STATE ZIP	
12.	FULL NAME OF DELEGATE				CTF. #		PHONE #	
	ADDRESS				CITY		STATE ZIP	
13.	FULL NAME OF DELEGATE				CTF. #		PHONE #	
	ADDRESS				CITY		STATE ZIP	
14.	FULL NAME OF DELEGATE				CTF. #		PHONE #	
	ADDRESS				CITY		STATE ZIP	
15.	FULL NAME OF DELEGATE				CTF. #		PHONE #	
	ADDRESS				CITY		STATE ZIP	
16.	FULL NAME OF DELEGATE				CTF. #		PHONE #	
	ADDRESS				CITY		STATE ZIP	

IMPORTANT NOTICE:

Properly completed credential must be forwarded to Illinois State USBC and postmarked on or before December 15, 2023

Mail to: ILLINOIS STATE USBC
1429 N ILLINOIS STREET
SWANSEA IL 62226