

CREDENTIALS OF DELEGATES  
To the  
MICHIGAN STATE USBC WOMENS BOWLING ASSOCIATION  
ANNUAL MEETING

This is to certify that at a regular meeting of the (Association)\_\_\_\_\_

The \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, the following were duly elected as delegates to the Annual Meeting of the Michigan State USBC WBA, to be held in Sterling Heights, Michigan on June 10, 2017

**Please List any ALTERNATE DELEGATES on the alternate form.** (This form may also be completed on-line at our website: michiganwba.com under Forms). Please complete, print and E-mail, Mail or Fax.

1. Name \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_  
City/Zip \_\_\_\_\_ E-mail Address: \_\_\_\_\_

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2. Name \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_  
City/Zip \_\_\_\_\_ E-mail Address: \_\_\_\_\_

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3. Name \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_  
City/Zip \_\_\_\_\_ E-mail Address: \_\_\_\_\_

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4. Name \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_  
City/Zip \_\_\_\_\_ E-mail Address: \_\_\_\_\_

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5. Name \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_  
City/Zip \_\_\_\_\_ E-mail Address: \_\_\_\_\_

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6. Name \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_  
City/Zip \_\_\_\_\_ E-mail Address: \_\_\_\_\_

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7. Name \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_  
City/Zip \_\_\_\_\_ E-mail Address: \_\_\_\_\_

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\_\_\_\_\_  
Signature of President

\_\_\_\_\_  
Signature of Association Manager

E-Mail: \_\_\_\_\_

Please complete this form & return to the Michigan State USBC WBA Manager no later than **MARCH 1, 2017.**

**Forms received after this date cannot be honored.** Mail, E-mail or Fax completed form to: Michigan State USBC WBA – PO Box 217 - Grandville MI 49468 - FAX: (616) 635-2034