



# Delegate Credentials

## Auxiliary to the APWU 2024 National Convention

Affiliated with the AFL-CIO Auxiliaries

We hereby certify that \_\_\_\_\_  
Name of the delegate printed legibly

Will represent the Local or State of \_\_\_\_\_  
Local \_\_\_\_\_ State \_\_\_\_\_  
as a delegate at the National Convention held in Detroit, Michigan.

Date certified \_\_\_\_\_  
Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone # ( ) \_\_\_\_\_

Delegate Type	Check only one box
<b>MAL Member at Large</b> Local with less than 4 members (no additional signature required)	<input type="checkbox"/>
<b>National Officers</b> <b>Check one</b> Current Officer <input type="checkbox"/> Past National President <input type="checkbox"/>	

### The following must complete the signature portion of the credential

<b>Local</b> Organized local - votes based on the number of paid members. Signatures required from the <b>President and Secretary</b>	<input type="checkbox"/>
<b>State</b> Organized State - granted 10 votes per state Signatures required from the <b>President and Secretary</b>	<input type="checkbox"/>
<b>Alternate Delegate</b> <b>Check one</b> State <input type="checkbox"/> Local <input type="checkbox"/>	

President \_\_\_\_\_  
State or Local Represented

Secretary \_\_\_\_\_  
State or Local Represented

Committee Preference of the delegate \_\_\_\_\_

National Office Use Only	
Date Received _____	Dues Verified _____
Committee Assignment _____	Acknowledgment Sent _____

**Retain a copy of the credential. Present at Registration to be seated as a delegate.**  
**Send to National Secretary Karen Wolver, 4631 NE 29<sup>th</sup> Street, Des Moines, IA 50317-4833**