



**WYOMING STATE USBC**

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Local Association ALTERNATE DELEGATE CREDENTIAL FORM  
for the \_\_\_\_\_ Annual Delegate Meeting

This is to certify that at the membership meeting of \_\_\_\_\_  
\_\_\_\_\_(Local Association), CITY \_\_\_\_\_ Zip Code \_\_\_\_\_  
the following delegate was duly elected to represent the above named association at the  
**Annual Delegate Meeting**, September 2017 in Sheridan, Wyoming.

FULL NAME OF ALTERNATE DELEGATE \_\_\_\_\_

TITLE \_\_\_\_\_ USBC CARD # \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE # \_\_\_\_\_

\_\_\_\_\_  
LOCAL PRESIDENT SIGNATURE AND EMAIL ADDRESS

\_\_\_\_\_  
LOCAL ASSOCIATION MANAGER SIGNATURE AND EMAIL ADDRESS

**IMPORTANT:** Properly complete ALL of the credential forms. Send original to State Association Manager and make a copy for your delegate to bring to the annual meeting.

***MUST BE POST MARKED NO LATER THAN SEPTEMBER 1ST.***

DELEGATES MUST PRESENT THEIR COPY OF THIS CREDENTIAL FORM TO THE DELEGATE COMMITTEE WHEN YOU SIGN IN AT THE ANNUAL MEETING IN ORDER TO HAVE VOTING PRIVILEGES.

ELAINE OVERMAN, ASSOCIATION MANAGER  
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