

WASHINGTON STATE

Credentials Request Form

		will be attending the Ann senting the	_		
Association.			(Please enter Association Name)		
	D = Delegate	A = Alternate Del	egate -	•	
	Youth Delegate	Adult Delega	ate		
	Name and Address			<u>r A</u>	USBC Nbr.
1					
2					
3					
4.					
5.				· · · · · ·	
6					
adult member For non-me	ers. erged associations, 1 a	5,001 to 7,500 adult med delegate per 2,500 adult to to 7,500 adult members.	members, 2 delegat	es for 2,.	501 to 5,000 adu
For affiliate	associations, 1 deleg	rate will be allowed.			
current USI card. Assoc representati	BC Youth member, a ciations with more that ive for each 250 mem	ciation will be entitled to ge 14 or higher. Adult i an 249 youth members v bers, based on members ceed a maximum of ten	representatives mu will be entitled to o ship as of July 31st	st have a ne addit t of the p	a current USBC ional youth revious season.
Please prepa	are the appropriate cred	dentials for the delegates l	listed above.		
(Asso	ociation Manager Signature)		Date		
2013 Annual N	Meeting. Annual meeting i	nd to the State Association M is June 28 th & 29 th 2013 wsus Everett,Wa 98201 (425)	sbc@comcast.net	<u>0 days pri</u>	or to the start of the