



# NARFE

NATIONAL ACTIVE AND RETIRED FEDERAL EMPLOYEES ASSOCIATION

## Washington State Federation of Chapters

### Washington State Federation Convention Delegate Credentials

Convention Location: \_\_\_\_\_ Date: \_\_\_\_\_

Chapter Number: \_\_\_\_\_ Date of Chapter Meeting: \_\_\_\_\_

#### To Credentials Committee:

1. Under the provisions of the Federation Bylaws, Article X, Section 1, paragraphs (e), (f), or (g), the following member will represent this Chapter as a **DELEGATE-AT-LARGE**.

Name: \_\_\_\_\_

Address, city, state, and zip: \_\_\_\_\_

2. Under the provisions of the Federation Bylaws, this Chapter selected the following member as a **DELEGATE**:

Name: \_\_\_\_\_

Address, city, state, and zip: \_\_\_\_\_

3. The following member was selected as an **ALTERNATE**:

Name: \_\_\_\_\_

Address, city, state, and zip: \_\_\_\_\_

4. The following member of Chapter \_\_\_\_\_ was selected as **PROXY DELEGATE** to represent this chapter:

Name: \_\_\_\_\_

Address, city, state, and zip: \_\_\_\_\_

Name of Chapter Secretary: \_\_\_\_\_

Signature: \_\_\_\_\_

#### Important:

Prepare and execute this form in triplicate for each Regular, Alternate, or Proxy Delegate. Deliver the original copy to the Delegate, Alternate, or Proxy Delegate, and mail a duplicate copy to the Federation Secretary not later than 30 days prior to convention start date. Keep the third copy for chapter files.

**The Delegate, Alternate, or Proxy Delegate must present his/her original copy of the Credentials when registering at the Convention.**