

Accredited Delegate Form

Forms are due by <u>SEP</u> club is unable to vote a			it a completed	l form by this deadli	ne means your
(Please one) (Please print clearly)	☐ Kinsmen	 ☐ Kinette	☐Kin District	☐ Campus	
ALL CLUBS, whether you	_	•	tely fill out this	s form in order to ex	ercise your
ACCREDITED DELEGAT	E:				
Name:		Club:			
ALTERNATE ACCREDIT	ED DELEGATE(S) in o	rder of ranking: ((Optional)		
I. Name: Club:					
2. Name:		Club:			
If AD or AAD's are not	from the Club being	represented:			
	_		to take on the	AD or AAD role for	your club?
	_	_		bove may hold othe	•
	nay not hold your clu		_	,	
	Has	our club given vo	oting instruction	ons to the delegates I	isted above?
CLUB CERTIFICATION:					6.1
We, the undersigned (2	• .			• • • • • • • • • • • • • • • • • • • •	
named club, hereby ce	•	a regularly const	ituted meeting	g held on has voted t	o appoint the
people named above a					
Accredited Delegate ar	id Alternate Accredit	ed Delegates:			1
Club Position:		Club Positi	on:		
Signature:		Signature:			
Name: (Print)		Name: (Pr	int)		
Date:		Date:			

SUBMISSION INFORMATION:

Completed form can be mailed to: Terry Janes, 23 Beaconhill Cres. St. John's NB A1E 4S6 Can be scanned and emailed to: trjanes1960@gmail.com