



**LOCAL ASSOCIATION DELEGATE FORM**

The \_\_\_\_\_ membership meeting, was held on \_\_\_\_\_ and the following delegates  
Association Date  
 were duly elected to represent the above association at the 2012 Annual Meeting of the WS USBC WBA on  
**March 10, 2012** in Oshkosh, WI. This form must be mailed, faxed or emailed by December 1, 2011.

**Forms received after Dec. 1, 2011 will not be accepted.**

**DELEGATES:**

Office Use Only <input type="checkbox"/>	1 <input type="checkbox"/>	Check if 1st time Delegate	_____	_____	_____
			National ID#	Name	Title (if any)
			_____	_____	_____
			Address	City, State, Zip	
<input type="checkbox"/>	2 <input type="checkbox"/>		_____	_____	_____
			National ID#	Name	Title (if any)
			_____	_____	_____
			Address	City, State, Zip	
<input type="checkbox"/>	3 <input type="checkbox"/>		_____	_____	_____
			National ID#	Name	Title (if any)
			_____	_____	_____
			Address	City, State, Zip	
<input type="checkbox"/>	4 <input type="checkbox"/>		_____	_____	_____
			National ID#	Name	Title (if any)
			_____	_____	_____
			Address	City, State, Zip	
<input type="checkbox"/>	5 <input type="checkbox"/>		_____	_____	_____
			National ID#	Name	Title (if any)
			_____	_____	_____
			Address	City, State, Zip	
<input type="checkbox"/>	6 <input type="checkbox"/>		_____	_____	_____
			National ID#	Name	Title (if any)
			_____	_____	_____
			Address	City, State, Zip	
<input type="checkbox"/>	7 <input type="checkbox"/>		_____	_____	_____
			National ID#	Name	Title (if any)
			_____	_____	_____
			Address	City, State, Zip	
<input type="checkbox"/>	8 <input type="checkbox"/>		_____	_____	_____
			National ID#	Name	Title (if any)
			_____	_____	_____
			Address	City, State, Zip	

**ALTERNATES:**

Alternate form(s) for anyone NOT listed below must be faxed or mailed to WS USBC WBA office prior to March 1, 2012. After March 1 Alternate must present form at registration.  
 Alternate Form must be signed by Association President or Association Manager.

Office Use Only <input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
		National ID#	Name	Title (if any)
		_____	_____	_____
		Address	City, State, Zip	
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
		National ID#	Name	Title (if any)
		_____	_____	_____
		Address	City, State, Zip	