

FLORIDA STATE USBC, INC.

ASSOCIATION: _____

(Please type or print)

Local Association Representation to Florida State USBC Organizational Meeting:

Merged: 3 Delegates

Non-Merged: 1 Delegate

▶ DELEGATE LIST ◀	▶ ALTERNATE LIST ◀
NAME: _____	NAME: _____
USBC #: _____	USBC #: _____
ADDRESS: _____	ADDRESS: _____
CITY/ST/ZIP: _____	CITY/ST/ZIP: _____
E-MAIL: _____	E-MAIL: _____
NAME: _____	NAME: _____
USBC #: _____	USBC #: _____
ADDRESS: _____	ADDRESS: _____
CITY/ST/ZIP: _____	CITY/ST/ZIP: _____
E-MAIL: _____	E-MAIL: _____
NAME: _____	NAME: _____
USBC #: _____	USBC #: _____
ADDRESS: _____	ADDRESS: _____
CITY/ST/ZIP: _____	CITY/ST/ZIP: _____
E-MAIL: _____	E-MAIL: _____

(Please include e-mail addresses - meeting notification to delegates will be via e-mail)

Elect one alternate for each delegate.

Return original copy no later than January 1, 2018

(Local Association President)

(Local Association Manager)

Remit to: Florida State USBC, Inc.
 Katheryn M. Auton
 Transition Committee Secretary
 P. O. Box 1166
 Dade City, FL 33526-1166
 Ph: 352-521-3660
 Fax: 352-521-3229
 E-mail: floridastateusbc@gmail.com