

BRINGIN JF BACK

Accredited Delegate Form

Event:	District 4 Convention 2024 Edmonton			Event Date:	May 3 & 4 2024		
Please submit this form to: Karen McBride		karenmcbride29@gmail.com		Deadline:	14 days prior to event April 19, 2024 11:59PM		
Failure to correctly complete and submit your form by the deadline means that your club is unable to vote.							
ALL CLUBS, whether they are attending or not, MUST completely fill out this form in order to exercise their vote. The form is invalid if not completed correctly or if the writing is not legible. Please double check your entries before submitting.							
SECTIO	SECTION 1: CLUB INFORMATION						
Club Type (please ☐ Kinsmen √ one):			men (□ Kinette □ Kin □ Campus			
Club Name and District Cl		Club of	Slub of			District: 4	Zone:
SECTION 2: ACCREDITED DELEGATE INFORMATION							
Accredited Delegate's Name:							
Accredited Delegate's Club:							
SECTIO	N 3: ALTERNATE	ACCRE	DITEI	D DELEGATE(S) INFORMATION	(in order of ra	nking) (<i>Optio</i>	nal)
Alternate Accredited Delegate #1 Name:							
Alternate Accredited Delegate #1 Club:							
Alternate Accredited Delegate #2 Name:							
Alternate Accredited Delegate #2 Club:							
Alternate Name:	Accredited Deleg	ate #3					
Alternate Accredited Delegate #3 Club:							

If the Accredited Do (Please check each box		Delegate(s) (ADD) are not from t	he club being represented, please ensure that:				
The delega □	The delegates listed above agree to take on the AD or AAD role for your club. $\hfill \Box$						
 Your club ι	Your club understands that the delegates listed above may hold other club votes and may not hold						
your club vote in a show of hands vote. Your club has given voting instructions to the delegates listed above.							
SECTION 4: C	LUB CERTIFICATION						
We, the undersigned (2 of the following positions – President, Vice-President, and Secretary) of the above- named club, hereby certify that our club, at a regularly constituted meeting held on, has voted to appoint the people named above as our Accredited Delegate and Alternate Accredited Delegate(s):							
Name:		Name:					
Club Position:		Club Position:					

Signature:		Signature:				
Date:		Date:				
Please go through the checklist on page 2 before submitting your form.						

Accredited Delegate Form Checklist

Before submitting your Accredited Delegate Form, please check off each item in the table below to ensure that you have not missed anything.

Item to check	Check off (√) once complete
1. The form you have completed is for the correct event (see top of form to double check)	
2. Your Club type, name, and District are on the form in Section 1	
3. Your Accredited Delegate's name and the name of their club is on the form in Section 2	
4. If you listed Alternate Accredited Delegate(s), their name(s) and Club name(s) are on the form in Section 3 (Optional)	
5. All of your delegates have agreed to take on the AD or ADD role for your club	
6. Your club understands that the delegates listed above may hold other club votes and may not hold your club vote in a show of hands vote	
7. Your club has given voting instructions to the delegates	

8. In Section 4, the date of the meeting where your club voted for your Accredited Delegate has been added	
9. The form has been signed and dated by two of the following members from your club: Club President, Club Vice President, Club Secretary	
10. The text or handwriting on the form is legible throughout	

Note: **This checklist does not need to be submitted to anyone**; it is simply a resource for you to use to help you double check your Accredited Delegate Form before you submit it to the person listed on the top of the form.