



--FWSA 2007 Convention Credentials Form --
 (One Form Must Be Completed For **EACH** Club)
Forms due to FWSA by April 30, 2007



Delegate Chairperson:

Complete this form to officially register your club's **Affiliated Members Voting Bloc**. Use the Affiliated Member Voting Bloc Schedule (below) to determine the number of voting delegates allowed for your club based on club membership as of April 15, 2007.

-- Affiliated Member Voting Bloc Schedule --

NUMBER OF MEMBERS	<	10-	15-	20-	30-	40-	50-	60-	70-	80-	90-	100-	125-	150-	175-	200-	250-	300-	350-	400
VOTES	10	14	19	29	39	49	59	69	79	89	99	124	149	174	199	249	299	349	399	+
	0	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20

You MUST attach your Club's current Member Roster (names only, please) to this Credentials Form.

You may also attach a "Roll of Remembrance" in memory of your Club members who passed away this year. These names will be honored at the Sunday Business Meeting.

Please Print Clearly

Ski Club Name	# Club Members				
Ski Club Council					
Delegation Chairperson	First Name	Last Name			
Chairperson's Address	Street	Apt #	City	State	Zip
Chairperson's Contact Info	Phone # ()		E-mail		
Chairperson's Club Office Held					

Voting Delegates:

- | | |
|-----------|-----------|
| 1. _____ | 11. _____ |
| 2. _____ | 12. _____ |
| 3. _____ | 13. _____ |
| 4. _____ | 14. _____ |
| 5. _____ | 15. _____ |
| 6. _____ | 16. _____ |
| 7. _____ | 17. _____ |
| 8. _____ | 18. _____ |
| 9. _____ | 19. _____ |
| 10. _____ | 20. _____ |

Delegate numbers will only be issued to those Voting Delegates listed above for whom payment of Convention Registration has been received, an Individual Pre-Registration Form has been submitted, and who are listed in your club's attached Member Roster.

By signing below you certify to the FWSA 2007 Annual Meeting and Convention that your Club Delegates listed above are in good standing with your club identified above, and that they are officially entitled to vote and express the opinions of your club at the 2007 Annual Meeting and Convention.

Officer's Name: _____ Signature: _____

Officer's Title: _____ Date: _____

Submit all forms and payments to:
FWSA Convention Registrar, c/o Mary Azevedo, 901 Sousa Drive, Walnut Creek, CA 94597