



79th ANNUAL FAR WEST SKI ASSOCIATION CONVENTION
 June 9 - 12, 2011, Industry Hills, California



CONVENTION CREDENTIALS FORM
One Form Completed For Each Club
This Form Due to FWSA by May 9, 2011

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, 2011.

-- Affiliated Member Voting Bloc Schedule --

NUMBER OF MEMBERS	< 10	10	15	20	30	40	50	60	70	80	90	100	125	150	175	200	250	300	350	400	
		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	+
VOTES	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.

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 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 2011 Annual Meeting and Convention that your Delegates listed above are in good standing with your club and that they are officially entitled to vote and express the opinions of your club at the 2011 Annual Meeting and Convention.

Officer's Name: _____ Signature: _____

Officer's Title: _____ Date: _____

Submit all forms and payments to:
FWSA Convention Registrar, c/o Nancy Ellis, P.O. Box 9681, Truckee, CA 96162