

## 91<sup>st</sup> Annual Far West Ski Association Convention

Atlantis Casino Resort Spa

Reno, Nevada, June 6 - 9, 2024

"Altitude With Attitude"



# **DELEGATE CREDENTIALS FORM**

One Form completed for each club. Due by May 10, 2024.

### Submit all forms and payments to: FWSA Convention Registrar, Fran Long

1729 Ponderosa Ln, Paso Robles, CA 93346. registration@fwsa.org

**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, 2024.

#### - - Affiliated Member Voting Bloc Schedule - -

| NUMBER OF<br>MEMBERS | <<br>10 | 10-<br>14 | 15-<br>19 | 20-<br>29 | 30-<br>39 | 40-<br>49 | 50-<br>59 | 60-<br>69 | 70-<br>79 | 80-<br>89 | 90-<br>99 | 100-<br>124 | 125-<br>149 | 150-<br>174 | 175-<br>199 | 200-<br>249 | 250-<br>299 | 300-<br>349 | 350-<br>399 | 400<br>+ |
|----------------------|---------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|----------|
| 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 Saturday Awards Banquet.

| Ski Club Name                 |            |                |        |  |  |  |  |
|-------------------------------|------------|----------------|--------|--|--|--|--|
| Ski Club Council              |            | # Club Members |        |  |  |  |  |
| <b>Delegation Chairperson</b> | First Name | Last Name      |        |  |  |  |  |
| Chairperson's Address         | Street     | Apt # City     | St Zip |  |  |  |  |
| Chairperson's Contact Info    | Phone ( )  | Email          |        |  |  |  |  |
| Chairperson's Club Office     |            |                |        |  |  |  |  |

#### **Voting Delegates:**

| 1 | 9  |
|---|----|
| 2 | 10 |
| 3 | 11 |
| 4 | 12 |
| 5 | 13 |
| 6 | 14 |
| 7 | 15 |
| 8 | 16 |

Delegate numbers will be issued to those Voting Delegates listed above for whom payment of Convention Registration has been received, an Individual Registration Form has been submitted, and who are listed in your club's attached Member Roster. By signing below you certify to the FWSA 2024 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 2024 Annual Meeting and Convention.

| Officer's Name:  | Signature: |
|------------------|------------|
| Officer's Title: | Date:      |