

AMERICAN ASSOCIATION OF SHERIFF POSSES AND RIDING CLUBS

CLUB DELEGATE FORM

DATE: _____ DISTRICT: _____ REGION: _____

_____ and _____ will

CLUB DELEGATE #1

CLUB DELEGATE #2

be your club delegate with voting privileges for _____.

FUNCTION

Please verify that the above named individual will represent your Club at the function listed above for voting privileges. Must be signed by 2 officers of the Club and given to the Credentials person.

VERIFYING CLUB SIGNATURES:

NAME

TITLE

NAME

TITLE