

AMERICAN ASSOCIATION OF SHERIFF POSSES AND RIDING CLUBS

EXECUTIVE BOARD DELEGATE FORM

DATE: _____ DISTRICT: _____ REGION: _____

_____ will be your executive board member

NAME

with voting privileges for _____.

FUNCTION

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

VERIFYING DISTRICT SIGNATURES:

NAME

TITLE

NAME

TITLE