

Accredited Delegate Form

Event:	AGM 2020, Year ended June 30, 2020		Event Date:	November 1, 2020
Please submit this form to:	kinsmenfoundationofbc@shaw.ca		Deadline:	October 26, 2020
Failure to correctly complete and submit your form by the deadline means that your club is unable to vote.				
ALL CLUBS, whether they are attending or not, MUST completely fill out this form in order to exercise their vote. The form is invalid if not completed correctly or if the writing is not legible. Please double check your entries before submitting.				
SECTION 1: CLUB INFORMATION				
Club Type (please v one):	<input type="checkbox"/> Kinsmen <input type="checkbox"/> Kinette <input type="checkbox"/> Kin <input type="checkbox"/> Campus			
Club Name and District	Club of			
SECTION 2: ACCREDITED DELEGATE INFORMATION				
Accredited Delegate's Name:				
Accredited Delegate's E mail				
SECTION 3: ALTERNATE ACCREDITED DELEGATE(S) INFORMATION (in order of ranking) (Optional)				
Alternate Accredited Delegate #1 Name:				
Alternate Accredited Delegate #1 E mail				
Alternate Accredited Delegate #2 Name:				
Alternate Accredited Delegate #2 E Mail				
Alternate Accredited Delegate #3 Name:				
Alternate Accredited Delegate #3 E mail				
If the Accredited Delegate (AD) or Alternate Accredited Delegate(s) (ADD) are not from the club being represented, please ensure that: (Please check each box to confirm each)				
<input type="checkbox"/> The delegates listed above agree to take on the AD or AAD role for your club.				
<input type="checkbox"/> Your club understands that the delegates listed above may hold other club votes and may not hold your club vote in a show of hands vote.				
<input type="checkbox"/> Your club has given voting instructions to the delegates listed above.				
SECTION 4: CLUB CERTIFICATION				
The undersigned (1 of the following positions – President, Vice-President, Treasurer or Secretary) of the above named club, hereby certify that our club, has appointed the person named as our Accredited Delegate and Alternate Accredited Delegate(s):				
Name:				
Club Position:				
Signature:				
Date:				

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