

Accredited Delegate Form

	DISTRICT COAD (FA		/ODI/T	N. 6461/			00.4		
Event:	DISTRICT CONVEN	ITION - Y	ORKTO	ON, SASK	Event Date:	JUNE 8, 2	NE 8, 2024		
Please submit this form to: D3credentia			dentials	@gmail.com Deadline		MAY 27, 2024			
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 √ one): ☐ Kinsmen				☐ Kinette ☐ Kin	☐ Campus Nur	nber of Mem	bers:*		
Club Name and District Clu			lub of			District:	Zone:		
SECTION 2: ACCREDITED DELEGATE INFORMATION									
Accredited Delegate's Name:									
Accredited Delegate's Club:									
SECTION 3: ALTERNATE ACCREDITED DELEGATE(S) INFORMATION (in order of ranking) (Optional)									
Alternate Accredited Delegate #1 Name:									
Alternate Accredited Delegate #1 Club:									
Alternate Accredited Delegate #2 Name:									
Alternate Accredited Delegate #2 Club:									
Alternate Accredited Delegate #3 Name:									
Alternate Accredited Delegate #3 Club:									
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)									
☐ The delegates listed above agree to take on the AD or AAD role for your club.									
☐ 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.									
☐ Your club has given voting instructions to the delegates listed above.									
SECTION 4: CLUB CERTIFICATION									
We, the undersigned (2 of the following positions – President, Vice-President, and Secretary) of the									
above named club, hereby certify that our club, at a regularly constituted meeting held on has voted to appoint the people named									
above as our Accredited Delegate and Alternate Accredited Delegate(s):									
Name:			Name:						
Club Pos	ition:			Club Position:					
Signatur	e:			Signature:					
Date:				Date:					
Please go through the checklist on page 2 before submitting your form.									

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Accredited Delegate Form Check List

Before submitting your Accredited Delegate Form, please check off each item in the table below to ensure that you have not missed anything.

Item to check	Check off (V) once complete			
1. The form you have completed is for the correct event (see top of form to double check)				
2. Your Club type, name, and District are on the form in Section 1				
Number of Members is based on date of convention – 35 days. Then backwards to the				
closest month end (le FLC NOV 27 th – 35 = Oct 24 th . Membership numbers are as at Sep				
30 th)				
3. Your Accredited Delegate's name and the name of their club is on the form in Section 2				
4. If you listed Alternate Accredited Delegate(s), their name(s) and Club name(s) are on the				
form in Section 3 (Optional)				
5. All of your delegates have agreed to take on the AD or ADD role for your club				
6. 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				
7. Your club has given voting instructions to the delegates				
8. In Section 4, the date of the meeting where your club voted for your Accredited Delegate				
has been added				
9. The form has been signed and dated by two of the following members from your club:				
Club President, Club Vice President, Club Secretary				
10. The text or handwriting on the form is legible throughout				

Note: **This checklist does not need to be submitted to anyone**; it is simply a resource for you to use to help you double check your Accredited Delegate Form before you submit it to the person listed on the top of the form.