IOWA STATE USBC WOMEN'S BOWLING ASSOCIATION, INC.

DELEGATE / ALTERNATE CREDENTIAL

_____
Local Association Name

Previous season (2009-10) membership of _____ entitles your association to _____ delegates.

The following delegates and alternates were elected to represent the above Association at the 5th Annual Meeting of the Iowa State USBC Women's Bowling Association, Inc. The meeting will be held in Ottumwa, Iowa, on April 9th and 10th, 2011.

This Credential form must be signed by the Association Manager and returned to the ISUSBCWBA office, 939 South 24th Street, Fort Dodge, Iowa 50501-6146, as soon as possible. The deadline for filing is **January 15, 2011**.

Delegate Name	**Complete Mailing Address of Delegate**
Alternate Name	**Complete Mailing Address of Alternate**

_____
Signature of Local Association Manager

*Identify any delegates/alternates serving for the first time ever with an "X" beside their name above. Please type or print clearly and furnish complete mailing addresses.

Revised 5-6-10