



**LADIES' AUXILIARY
MARYLAND STATE
FIREMEN'S ASSOCIATION**

**CREDENTIALS OF DELEGATES, ALTERNATES,
STATE OFFICERS AND PAST PRESIDENTS**

At a meeting of the duly organized _____
(Type or print the complete and accurate name of your Auxiliary)
of the _____, in the County of _____,
(Complete and accurate name of your Fire/Rescue Department/Company)
who's meeting was held on the _____ day of _____ the following persons were elected as delegates
and alternates to the Annual Convention of the Ladies Auxiliary of the Maryland State Firemen's Association.

DELEGATES:

(Chairman of Delegates)

ALTERNATES:

AUTHORIZED ADDRESS TO SEND ALL MAIL:

(Name of Addressee, Title - *Please Print*)

(Street Address)

(City, State and Zip Code)

(Phone Number(s))

(Email address)

(Auxiliary President's name - *Please Print*)

(Phone Number)

(Auxiliary Secretary's name - *Please Print*)

(State Officer, if any)

(State Past President, if any)

In accordance with the Constitution, **Article V. Sec.1a**, Each member auxiliary is entitled to five (5) delegates and five (5) alternates who shall represent their respective auxiliary. **Article V. Sec.2a**. For convention, member auxiliaries will furnish proper credential form naming delegates and alternates to the Recording Secretary of the Auxiliary on or before May 1st. A delegate's name may not appear on more than one (1) credential sheet. The chairman or designated person shall register for her/his auxiliary with the Credential Committee.

The above form properly filled out with all information requested, must in the hands of the LAMSFA Recording Secretary (Name and address shown below) on or before **May 1, 2020** in order for your Auxiliary to vote at Convention.

**To complete and update our records, PLEASE return credentials form even though you may not be able to attend. PLEASE
PRINT OR TYPE IN INK. Thank you. RETURN TO: Jean Main
10620 Powell Road, Thurmont, MD 21788
Mainocriv15@aol.com**