

STATE DELEGATE CREDENTIAL FORM
(Printout, complete and bring this form with you to convention)

This form is to be used for the credentialing of the state delegate and alternate. In order to be seated in the House of Delegates, the delegate and alternate named below must:

1. Register as a member of the NSNA convention. Proof of membership must be shown during registration.
2. Complete this form, have the state president add their NSNA membership # and signature, and take it to Delegate Credentialing after completion of the convention registration process.
3. Have an Official Application for Constituency Status completed for your state by the state president and **submit the state bylaws**.
4. You and the alternate must show proof of NSNA membership during the registration process.

All delegates should complete their credentialing as soon as possible after registering for the convention.

Please print
State Association _____

Delegate _____
print name
NSNA Membership # _____ Expiration Date _____

Delegate Signature _____

Alternate _____
print name
NSNA Membership # _____ Expiration Date _____

Alternate's Signature _____

I hereby certify that the above named are the official delegate and alternate of our association, and are entitled to represent our members in the House of Delegates.

Name (print) _____ Date _____
State President

NSNA Membership # _____ Expiration Date _____

Signature _____ Date _____

FOR NSNA USE ONLY

Voting Card Number Issued _____ Date _____ By _____