DELEGATE ACCREDITATION

INSTRUCTIONS

Both delegate accreditation forms must be filled out by a chapter officer. On each form, the officer should:

1. Print the name(s) and membership number(s) of the chapter's delegates. Delegate must be a member in good standing.
2. Assign each delegate a number of votes. The total of all delegates cannot exceed the total allocated to the chapter. (See Delegate Allotments.)
3. Enter the chapter's name and number.
4. Reproduce enough certificates so each chapter delegate and alternate has a copy to bring to convention. (Reproduce forms before the officer has signed the certificate.)
5. Have a chapter officer sign each certificate and provide his or her title. Each certificate must have an original signature. Without the signature, the certificate is not valid.
6. Print the name and address of the person signing the certificate.
7. Give each delegate and alternate a signed certificate to take to the convention.
8. Send the completed, signed national office copy so it is received at the national office by **June 30, 2024**.
   Mail to the Izaak Walton League of America, Attn.: Mary Rubin, 707 Conservation Lane, Gaithersburg, MD, 20878-2983 or fax to (301) 548-0146.

INDIVIDUAL DELEGATE COPY - BRING TO CONVENTION

Delegate Accreditation Certificate • IWLA National Convention - Cambridge, MD, July 14-16, 2024

Delegates and Membership Numbers (Please print names and numbers below.)	No. of Votes	Alternates and Membership Numbers (Please print names and numbers below.)
1. _____	_____	1. _____
2. _____	_____	2. _____
3. _____	_____	3. _____
4. _____	_____	4. _____
5. _____	_____	5. _____

Chapter name and number: _____ Officer's name and title:_____

Total number of allotted delegates:_____ Address: _____

Chapter officer's signature:_____ City/State/Zip: _____

Certificate is not valid unless signed. Delegate(s) cannot vote without a valid certificate.

NATIONAL OFFICE COPY - MUST BE RECEIVED BY JUNE 30, 2024

Delegate Accreditation Certificate • IWLA National Convention - Cambridge, MD, July 14-16, 2024

Delegates and Membership Numbers (Please print names and numbers below.)	No. of Votes	Alternates and Membership Numbers (Please print names and numbers below.)
1. _____	_____	1. _____
2. _____	_____	2. _____
3. _____	_____	3. _____
4. _____	_____	4. _____
5. _____	_____	5. _____

Chapter name and number: _____ Officer's name and title:_____

Total number of allotted delegates:_____ Address: _____

Chapter officer's signature:_____ City/State/Zip: _____

Certificate is not valid unless signed. Delegate(s) cannot vote without a valid certificate.