

# Delegate Registration Form



League of Southeastern  
Credit Unions & Affiliates

## Three Easy Steps to Register a Delegate for the 8<sup>th</sup> Annual Business Meeting, Thursday, June 15, 2017

### 1. Select the Delegate:

Each primary member credit union shall be entitled to cast one (1) vote at all membership meetings. Each primary member credit union shall designate one (1) voting delegate from its membership to serve at any annual meeting. Only a registered delegate may vote and must be present at the Annual Business Meeting to vote.

An alternate may be designated by the member credit union and reported in the same manner as the delegate.

### 2. Print the Name of the Delegates:

Complete this form with the printed name of the selected delegate and the alternate delegate and the credit union information.

### 3. Certify the Form:

The Delegate Registration Form is required to have two (2) authorized signatures.

### Questions?

Call the Administration Dept.  
at 866.231.0545, x1060.  
or 850.558.1060.

## Don't forget to send your Delegate Registration Form to the League!

This is essential if you plan to represent your credit union at the Annual Business Meeting on Thursday. You may register at the Southeast Credit Union Conference & Expo if you have the required signatures. There is no cost to attend the Annual Business Meeting.

### Print or type name of Delegate:

\_\_\_\_\_  
*Delegate*

\_\_\_\_\_  
*Alternate Delegate*

\_\_\_\_\_  
*Credit Union Name*

\_\_\_\_\_  
*Credit Union Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip*

The Delegate Registration Form must be certified by any two (2) of the following credit union officers: Board Chairman or President; Board Vice Chairman or Vice President; Board Secretary; Board Treasurer; or the Chief Executive Officer (President or Manager).

### Certified by:

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Credit Union Title*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Credit Union Title*

\_\_\_\_\_  
*Contact Person*

\_\_\_\_\_  
*Email*

\_\_\_\_\_  
*Phone Number*

### Send Registration Form to:

Delegate Registration  
2017 Southeast Credit Union  
Conference & Expo  
LSCU  
3692 Coolidge Court  
Tallahassee, FL 32311  
850.558.1061  
kate.brady@lscu.coop

### Or Fax to:

### Or Email: