

# **INSTRUCTIONS FOR VOTING CREDENTIALS APPLICATION**

State President contacts delegates eligible to vote:  
Delegate mails Voting Credential application to:  
**Barbara Hildebrand, National Treasurer**  
**3034 Smith Lane**  
**Franklin, TN 37069-6108**

## **DEADLINE:**

VOTING CREDENTIALS for all delegates must be **postmarked by May 11, 2009.**

## **VOTING CREDENTIALS:**

Voting credentials are to be picked up at the registration desk  
**BEFORE 6:00 P.M. THURSDAY, June 4, 2009**

Delegate's Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_ Email \_\_\_\_\_

I hereby apply for Voting Credentials. Signature \_\_\_\_\_

## **ELIGIBILITY FOR VOTING CREDENTIAL:**

(Check only one)

- |  |   |
|--|---|
| <input type="checkbox"/> Member of NFMC Board of Directors                           | <input type="checkbox"/> Appointed NFMC Officer   |
| <input type="checkbox"/> NFMC Chairman of Department or Committee                    | <input type="checkbox"/> State President or Alternate (Alternate's name must be sent to National Treasurer) |
| <input type="checkbox"/> Individual Member, Life Member, Subscriber, Donor or Patron | <input type="checkbox"/> President of National Affiliate Organization or Alternate                          |
| <input type="checkbox"/> Senior Organization elected delegate: Name _____            |   |

Each organization shall be entitled to delegate representation based on its paid membership on record in the office of the National Treasurer 20 days before the opening of the Convention, figured as follows:

- Organizations of 25 or less – one delegate                      Organizations of 26-50 – two delegates
- For each 100 members over 50 – one additional delegate, except no organization shall have more than 7 delegates.

**Before voting credentials deadline each ELECTED DELEGATE must have his/her Club President send the National Treasurer a written confirmation that he/she is the elected delegate of the club.**

- Student Active Organization delegate (List name and address of organization below)  
 Counselor of Active Junior Active Organization (List name and address of organization below)  
\*Name of Organization \_\_\_\_\_  
\*Address of Organization \_\_\_\_\_

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## **MEMORIAL CONTRIBUTIONS**

For each person to be listed in the Memorial Service program, a \$10.00 minimum contribution (per memorialized person) must be sent to: **Lois Macaw, 2343 Fawn Pl., Orlando FL 32837-7862**                      **Postmark date: May 11.**

Amount enclosed: \$ \_\_\_\_\_ (Check **payable to NFMC**. The check must be separate from the registration check.)

Name of Person making contribution: \_\_\_\_\_

Address: \_\_\_\_\_

Name of person(s) being memorialized: \_\_\_\_\_

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**State Presidents: Send a list of deceased members (since the 2008 Fall Session) to:**

**Lois Macaw, 2343 Fawn Pl., Orlando FL 32837-7862**

**Postmark date: May 11.**