

**OFFICIAL DELEGATE CERTIFICATION FORM
GEORGIA STATE FIREFIGHTERS ASSOCIATION
2010 ANNUAL CONFERENCE**

Date: _____

From: _____
(Fire Department/Agency)

Fire Chief: _____

TO: CREDENTIALS/ELECTIONS COMMITTEE:

This is to affirm that the person named below is an **ACTIVE** member of the above named department and as a member, is eligible to cast votes for the department at the 2010 Annual Conference of the Georgia State Firefighter's Association. Membership in GSFA is with this department (see clause below).

(Name of Voting Delegate)

In the event that the voting delegate is unable to vote, the person named below will be designated alternate:

(Name of Alternate Delegate)

(Notary Public)
My commission expires: _____

(Seal)

- All delegates must present a valid GSFA membership card to a credentials official upon certification. A delegate may represent only one department, and a delegate must be a member thru the Association with the department he/she is voting for. *(A delegate can not be a member thru the Association of one department, and vote for another department (i.e., a volunteer department) of which he/she is also a member.)*
- A **RETIRED** member **cannot** be a voting delegate for a fire department.
- The voting delegate must be on **active role** with fire department.