

Local Delegates

LOCAL NAME

NUMBER

In accordance with the CFT Constitution:

1. Local's delegate forms must be received by the CFT Sacramento Office by **February 28**.
2. Each delegate must bring the credential card to the convention for presentation to the chairperson of the credentials committee. Credential card must bear the signatures of the local president and the secretary.

To the CFT Credentials Committee:

I hereby certify that the following delegates have been elected in accordance with the provisions of the CFT Constitution and the local constitution.

Respectfully submitted,

LOCAL PRESIDENT'S SIGNATURE

DATE

LOCAL SECRETARY'S SIGNATURE

DATE

► **This form must be received by February 28.** Mail to CFT Convention Delegates, 1225 H Street, Sacramento, CA 95814, fax to (916) 446-2401, or scan and email to convention@cft.org.

Ranking Delegate

NAME

EMAIL

1. _____

Delegates

NAME

EMAIL

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

LOCAL NAME

NUMBER

Delegates

NAME

EMAIL

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

15. _____

16. _____

17. _____

18. _____

19. _____

20. _____

21. _____

22. _____

23. _____

24. _____

25. _____

26. _____

27. _____

28. _____

29. _____

30. _____

31. _____