

# 2012 Credential Blank For Delegates



FROM AGRICULTURAL SOCIETIES AND ASSOCIATIONS  
TO THE ANNUAL MEETING OF THE

## *MINNESOTA FEDERATION OF COUNTY FAIRS*

We hereby certify that the persons named below have been elected delegates and alternates (as designated) to represent

*(Fill in the name of the Society or Association)* at the 2012 ANNUAL MEETING of the Minnesota Federation of County Fairs.

| Delegates ( Please Print or Type Name) | Mailing Address | County Fair District |
|--|-----------------|----------------------|
| (1) _____                              | _____           | _____                |
| (2) _____                              | _____           | _____                |
| (3) _____                              | _____           | _____                |

| Alternates (Please Print or Type Name) | <i>(Alternates A. B. C. may replace above)</i> | Mailing Address | County Fair District |
|--|--|-----------------|----------------------|
| (A) _____                              | _____  | _____           | _____                |
| (B) _____                              | _____  | _____           | _____                |
| (C) _____                              | _____  | _____           | _____                |

Print **President's**  
Name \_\_\_\_\_

Print **Secretary's**  
Name \_\_\_\_\_

\_\_\_\_\_  
**President's Signature** (NO STAMPS)

\_\_\_\_\_  
**Secretary's Signature** (NO STAMPS)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City /State /zip

\_\_\_\_\_  
City / State /zip

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
(area code) Phone

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
(area code) Phone

**Please Fill in**

\_\_\_\_\_  
Fair Name

**County Fair Dates** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Month and Dates

**2012 Fair Phone** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Fax Number** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Fair Mailing** \_\_\_\_\_  
Address zip \_\_\_\_\_

**Fair Web site:** www. \_\_\_\_\_ **Fairs E-mail** \_\_\_\_\_

**FEDERATION DUES \$200.00** ~~~~~ **MAIL PRIOR TO DECEMBER 1<sup>ST</sup>** ~~~~~

**Note:** This Credential Blank properly filled out and signed, together with remittance to cover annual dues, must be delivered to the Secretary of the Minnesota Federation of County Fairs and approved by the Credential Committee before delegates or alternates will be eligible to vote in the proceedings of the Minnesota Federation of County Fairs.

**MAIL THIS FORM TO :** Minnesota Federation of County Fairs  
28651 County Road 33  
Utica, Mn. 55979

***Do Not Fill In This Space Below !!!***

ANNUAL MEMBERSHIP DUES RECEIVED \$ \_\_\_\_\_ Check \_\_\_\_\_ Cash \_\_\_\_\_ Date: \_\_\_\_\_ By \_\_\_\_\_

