

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 **March 3**.
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 March 3.** Mail to CFT Convention Delegates, 1107 9th Street, Suite 460, Sacramento, CA 95814. Or fax to (916) 446-2401. Or scan and email to convention@cft.org.

Ranking Delegate

NAME

EMAIL

1. _____

Delegates

NAME

EMAIL

2. _____

3. _____

4. _____

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8. _____

LOCAL NAME

NUMBER

Delegates

NAME

EMAIL

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LOCAL NAME

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Delegates

NAME

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Please make additional copies if needed.

Local Alternates

LOCAL NAME

NUMBER

In accordance with the CFT Constitution:

1. Local's alternate forms must be received by **March 3**.
2. Each delegate must bring the credential card to the convention for presentation to the chairperson of the credentials committee. Credentials cards must bear the signatures of the local president and the secretary.
3. Regardless of the number of votes a local may have, an alternate will be seated only if the official delegate does not appear at the convention or if an official delegate leaves the convention permanently.

To the CFT Credentials Committee:

I hereby certify that the following alternates have been elected in accordance with the provisions of the CFT Constitution and the local constitution. Each alternate is listed in the order in which they will be seated by the Credentials Committee: (Alternate 1 will be seated before Alternate 2, etc.)

Respectfully submitted,

LOCAL PRESIDENT'S SIGNATURE

DATE

LOCAL SECRETARY'S SIGNATURE

DATE

► **This form must be received by March 3.** Mail to CFT Convention Delegates, 1107 9th Street, Suite 460, Sacramento, CA 95814. Or fax to (916) 446-2401. Or scan and email to convention@cft.org.

Alternates

NAME

EMAIL

1. _____
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Alternates

NAME

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Please make additional copies if needed.