

MUST BE FILED NOT LESS THAN 30 DAYS BEFORE CONVENTION
Certificate of Election of Delegates and Alternatives
ANNUAL CONVENTION
NEW YORK DISTRICT, KIWANIS INTERNATIONAL, INC.
(PLEASE PRINT)

THIS IS TO CERTIFY that the following are duly elected delegates and alternative of the Kiwanis Club of _____, in _____ Division.

	NAME	ADDRESS	ZIP
DELEGATE #1 _____ (MUST be Next Year's Club President)	_____	_____	_____
Alternate _____	_____	_____	_____
DELEGATE #2 _____ (MUST be Next Year's Club Secretary)	_____	_____	_____
Alternate _____	_____	_____	_____
DELEGATE #3 _____	_____	_____	_____
Alternate _____	_____	_____	_____
Date _____ Signed _____	_____	_____	Sec'y _____
			Pres. _____
		Both Signatures Required	

For information on Representation of Kiwanis Clubs and Requirements of Delegates at any convention of the New York District of Kiwanis International, Inc., refer to the New York District By-laws (available at www.kiwanis-ny.org), Article VIII (especially sections 6 and 8) and Article X.

- Mail White Copy to District Secretary
PO Box 428, Glen Cove, NY 11542
- Yellow: Division Lt. Governor
- Pink: Club File Copy

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