

-----**CREDENTIALS**-----

Return these Credentials to the VSFA, Attn: Secretary, 3420 Pump Road PMB #127 Henrico VA, 23233 before July 1, 2019. Each Department or Company is allowed one delegate for each ten (10) members or a majority thereof.

[Year] _____ Annual Convention

To be held at _____ on August _____, 2019.

Name of Department or Company _____

City or Town _____

No. of Active Members on Roll _____

DELEGATES	ALTERNATIVES

Representative Vice-President elected _____

SECRETARY

CHIEF OF DEPARTMENT OR FOREMAN

REMINDER: SEND DECEASED MEMBER FORM TO VSFA BY JULY 1st FOR RECOGNITION AT ANNUAL CONFERENCE MEMORIAL SERVICE.