

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

Return these Credentials to the VSFA, Attn: Secretary Lauren Kirby,
PO Box 230385, Centreville, VA 20120 before August 1, 2017. 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 _____, 2017.

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 15TH FOR
RECOGNITION AT ANNUAL CONFERENCE MEMORIAL SERVICE.**