



Organizational Credential Report

Reporting Year _____

Organization Name: _____

Delegates

1. **President:** (Name, Address, Zip, Phone, & Email)

2. **Treasurer:** (Name, Address, Zip, Phone, & Email)

Alternates

3. **Alternate 1:** (Name, Address, Zip, Phone, & Email)

4. **Alternate 2:** (Name, Address, Zip, Phone, & Email)

Digital Signature

This serves as the electronic signature of the representatives of the organization:
