DELEGATE REGISTRATION FORM

Print or type name of Delegate:

Delegate		
Alternate Delegate		
Credit Union Name		
Credit Union Address		
City	State Zip	
the following credit union Board Vice Chairman or \	Form must be certified by any two officers: Board Chairman or Pre Vice President; Board Secretary; ecutive Officer (President or Ma	sident; Board
Certified by:		
Signature		
Printed Name		
Credit Union Title		
Signature		
Printed Name		
Credit Union Title		
Contact Person		
Email		
Phone Number		
Send Registration Form to:	Delegate Registration 2024 c/o Carolyn Sable	

Conference & Expo

3692 Coolidge Court

Tallahassee, FL 32311

carolyn.sable@lscu.coop

LSCU

Or Email:



League of Southeastern Credit Unions & Affiliates

Three Easy Steps to Register a Delegate for the 15th Annual Business Meeting, Thursday, June 13, 2024

1. Select the Delegate:

Each full dues paying primary member credit union shall be entitled to one (1) delegate whom shall be a member of and designated by such member credit union. Each member credit union shall be entitled to one (1) vote. An alternate may be designated by the member credit union and reported in the same manner as the delegate.

2. Print the Name of the Delegates: Complete this form with the printed

Complete this form with the printed name of the selected delegate and the alternate delegate and the credit union information.

3. Certify the Form:

required to have two (2) authorized signatures.

Questions?

Call Carolyn Sable 866.231.0545, x1058. or 850.558.1058.

Don't forget to send your Delegate Registration Form to the League!

This is essential if you plan to represent your credit union at the Annual Business Meeting on Thursday. You may register at the Southeast Credit Union Conference & Expo if you have the required signatures.

There is no cost to attend the Annual Business Meeting.