

ORIGINAL:
(For Delegate to
Present at Convention)
DUPLICATE: Mail to:
Convention Committee
TRIPLICATE: Mail to:
State Secretary

NATIONAL ASSOCIATION OF POSTAL SUPERVISORS

Delegate Credentials



THIS WILL CERTIFY THAT _____

(name)

is a member in good standing of _____

(Br. Name)

(Br. #)

and has been duly elected to represent that Branch at the State

Convention of the Florida Branch N.A.P.S. to be held at

_____ on _____

Attest: _____ /S/ _____

Branch Secretary

Branch President

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