

For  
Committee Use Only

Fire Department \_\_\_\_\_

No. of Votes \_\_\_\_\_

**Iowa Firefighters Association  
Voting Credentials**

Each fire department must authorize one member of the fire department as a delegate to cast the votes of the department at any business meeting of the Iowa Firefighters Association. For the votes of the entire fire department to be cast, the form below must be filled out and filed with the Executive Director of the Association or a person or persons designated by the Executive Director to receive such credentials at the Association table at the meeting or with a member of the Credentials Committee, by the delegate of that fire department, authorized to submit such credentials, and has put in a personal appearance at that meeting.

Have the CREDENTIALS FORM completed at one of your regular firefighter’s meetings, naming your “official delegate”, and have him or her take the completed form with him or her to the business meeting and FILE AS PER INSTRUCTIONS ABOVE ..... DO NOT MAIL.

PLEASE FILE YOUR CREDENTIALS WITH THE EXECUTIVE DIRECTOR OR A MEMBER OF THE CREDENTIALS COMMITTEE PRIOR TO THE START OF THE MEETING.

Naming an “official delegate” does not prevent any member of your fire department from attending and taking part in the business meeting.

If an “official delegate” is not named and the proper credentials, as per above, are not filed, only those members present from that fire department may cast their votes as individuals.

I, certify that \_\_\_\_\_, A member in good standing  
(Name of Delegate)  
In the \_\_\_\_\_, Iowa fire department was authorized at a  
(Name of Fire Dept.)  
Meeting held \_\_\_\_\_ to cast the votes of his or her fire department at the  
(Date of Meeting)  
Iowa Firefighters Association business meeting to be held at \_\_\_\_\_  
(place/town of meeting)  
Signed: Chief Officer or Secretary \_\_\_\_\_ Title: \_\_\_\_\_

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MUST BE SIGNED BELOW AT THE TIME THE CREDENTIALS ARE SUBMITTED BY THE DELEGATE AUTHORIZED TO SUBMIT SUCH CREDENTIALS AND THE PERSON AUTHORIZED TO RECEIVE SUCH CREDENTIALS BY AND IN THE PRESENCE OF EACH OTHER.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Delegate Authorized to Submit the Credentials)

Signed: \_\_\_\_\_ Title: \_\_\_\_\_  
(Person Authorized to Receive the Credentials)