

## **Accredited Delegate Form Check List**

Before submitting your Accredited Delegate Form, please check off each item in the table below to ensure that you have not missed anything. This is for club purposes and doesn't need to be submitted with your completed Accredited Delegate form.

Item to check	Check off (V) once complete
1. The form you have completed is for the correct event (see top of form to double check)	
2. Your Club type, name, and District are on the form in Section 1	
3. Your Accredited Delegate's name, email, and the name of their club is on the form in Section 2	
4. You have ticked whether your Accredited Delegate is attending in person or virtually	
5. If you listed Alternate Accredited Delegate(s), their name(s) and Club name(s) are on the form in Section 3 (Optional)	
6. You have ticked whether your Alternate Accredited Delegates are attending in person or virtually	
7. All your delegates have agreed to take on the AD or AAD role for your club	
8. All your delegates have access to the email they provided for them to use during the AGM for voting purposes.	
9. Your club understands that the delegates listed above may hold other club votes and may not hold your club vote in a show of hands vote	
10. Your club has given voting instructions to the delegates	
11. In Section 4, the date of the meeting where your club voted for your Accredited Delegate has been added	
12. The form has been signed and dated by <b>two</b> of the following members from your club: Club President, Club Vice President, Club Treasurer, Club Secretary	
13. The text or handwriting on the form is legible throughout	

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Event: <b>Dist</b>	rict 1 Fall I	eadership 2025		Event Date:	November 8, 2025		
Please submit this form to: credentials@district1kin.ca			Deadline: Oc	tober 29, 2025			
Failure to correctly complete and submit your form by the deadline means that your club is unable to vote.							
ALL CLUBS, whether they are attending or not, MUST completely fill out this form in order to exercise their vote. The form is invalid if not completed correctly or if the writing is not legible. Please double check your entries before submitting.							
SECTION 1: CLUB INFORMATION Club Type (please v one):   Kinsmen  Kinette  Kin  Campus							
Club Name					District:		
SECTION 2: ACCREDITED DELEGATE INFORMATION - Check one: ☐ Attending in Person or ☐ Attending Virtually							
Accredited Delegate's Name:							
Accredited Delegate's Email:							
Accredited De	Accredited Delegate's Club:						
SECTION 3: ALTERNATE ACCREDITED DELEGATE(S) INFORMATION (in order of ranking) (Optional)							
Alternate Accredited Delegate (AAD) #1 - Check one: ☐ Attending in Person or ☐ Attending Virtually							
AAD #1 Nam	ne:						
AAD #1 Ema	ail:						
AAD #1 Clu	ıb:						
Alternate Accredited Delegate (AAD) #2 - Check one: ☐ Attending in Person or ☐ Attending Virtually							
AAD #2 Nam	ne:						
AAD #2 Ema	ail:						
AAD #2 Clu	ıb:	:					
Alternate Accredited Delegate (AAD) #3 - Check one: ☐ Attending in Person or ☐ Attending Virtually							
AAD #2 Nam	ne:						
AAD #2 Ema	ail:	:					
AAD #2 Clu	ıb:						
If the Accredited Delegate (AD) or Alternate Accredited Delegate(s) (AAD) are not from the club being represented, please ensure that: (Please check each box to confirm each)							
☐ The delegates listed above agree to take on the AD or AAD role for your club.							
Your club understands that the delegates listed above may hold other club votes and may not hold your club vote in a show							
of hands vote.							
Your club has given voting instructions to the delegates listed above.  SECTION 4: CLUB CERTIFICATION (Written or Electronic Signatures are accepted)							
We, the undersigned (2 of the following positions <b>President, Vice-President, Treasurer, Secretary</b> ) of the above-named club,							
hereby certify that our club, at a regularly constituted meeting held on, has voted to							
appoint the people named above as our Accredited Delegate and Alternate Accredited Delegate(s):							
Name:			Name:				
Club Position:			Club Position:				
Signature:			Signature:				
Date:			Date:				

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