CONVENTION CREDENTIAL FORM

We, the undersigned, Grand Knight and Financial Secretary of

	Counc	cil, Numbe	er,	
do hereby certify that the fo				en duly elected
and are qualified to represe				
Convention Meeting in Kla	math Falls, Oreg	gon on Api	ril 30 to May 2, 2	021.
DELEGATE 1:				
Name:		_Office: _		
Address				
Address:				
DELEGATE 2:				
Name:	Office:			
Address:				
FIDOT ALTERNIATE				
FIRST ALTERNATE:		Oll.		
Name:		_Office: _		
Address:				
SECOND ALTERNAT	TE:			
Name:		_Office: _		
Address:				
Given under our hand and s	seal of the Coun	oil this	day of	2021
Orveir under our mand and s	scar of the Count	CII (III5	uay 01	2021
	_			
Grand Knight				
Financial Secretary	_		•	
1				
		Council Seal		
□ Copies to Delegates and	l Alternates			
□ Mail Copies to:			-1 1	
Ron Boyce	_	Sid Thiel		
State Deputy	and		State Secretary	
PO Box 23093		17180 SW Smith Ave., #83		
Tigard, OR. 97281		Sherwood, OR 97140		