

West Virginia State Firemen's Association, Inc.

www.wvsfa.org

Credential For Delegates

Name of Department/Company: _____

County: _____

Address: _____

Email Address: _____

This is to Certify that the following are authorized to represent the above Fire Service Organization for the fiscal year ending June 30, 2024.

Delegates:

Alternates:

Lifetime Member with the WVSFA
(past president, or officer of the WVSFA)

Signed _____

President or Chief

Please return to Financial Secretary:

Sandy Slusher McDonald sssmith69@hotmail.com

317 N. Lawrence Street

Charles Town, WV 25414

The annual dues of each Company, Department or Local shall entitle it to Five Delegates for representation at the Annual Convention and/or at any other Special Called Meeting held by the Association during the fiscal year covered by dues payment.

Date Paid: _____

Check #: _____