

Pennsylvania State CREDENTIALS FORM

THIS FORM IS TO BE USED FOR LOCAL SOCIETY CREDENTIALS ONLY!

IMPORTANT: PLEASE READ THE DIRECTIONS FOR COMPLETING CREDENTIALS FORM CAREFULLY BEFORE COMPLETING THIS FORM.

THIS MUST BE POSTMARKED **NO LATER THAN** February 28

Section A

NAME OF SOCIETY _____

NUMBER OF MEMBERS _____
(As of February 28 Annually)

LOCATION _____ **STATE** _____ **PA** _____

Senior Society President _____ **Telephone** _____

Address _____

E-mail _____

Senior Society Vice President _____ **Telephone** _____

Address _____

E-mail _____

Was the \$3.00 fee paid for the Senior Society President. If not, please send payment with this Credentials Form; make check payable to Senior State Treasurer, PA C.A.R.

Section B

Were the dues of a majority of the members of your society credited on the books of the Senior State Treasurer not later than January 1st? **YES** **NO**

Were the dues of all members listed as delegates and alternates credited on the books of the Senior State Treasurer not later than January 1st? **YES** **NO** See National Bylaws, Article X, Section 3.

Each Local Society is entitled to two (2) voting delegates at State Conference: The Society President and a delegate. Every society should complete the first two (2) boxes. Please add delegates in remaining boxes based on the size of your society. Please do not include State Officers and Honorary State Presidents as they get a vote based on their current and past positions.

Society President	National #	Please leave this column blank.
Alternate: Society Vice President or Alternate	National #	

Delegate	National #	Please leave this column blank.
2.		
Alternate	National #	

EMAIL or MAIL THIS FORM TO:

Lory Fraraccio-Kenney Sr. State
Treasurer 19 Charter Oaks Court
Doylestown, PA 18901
Email: pacarsrtreasurer@gmail.com

Complete this box if your society has **5-10** members.

Delegate	National #	Please leave this column blank.
3		
Alternate	National #	

Complete this box if your society has **11-15** members.

Delegate	National #	Please leave this column blank.
4.		
Alternate	National #	

Complete this box if your society has **16-20** members.

Delegate	National #	Please leave this column blank.
5.		
Alternate	National #	

Complete this box if your society has **21-25** members.

Delegate	National #	Please leave this column blank.
6.		
Alternate	National #	

Complete this box if your society has **26-35** members.

Delegate	National #	Please leave this column blank.
7.		
Alternate	National #	

Complete this box if your society has **36-45** members.

Delegate	National #	Please leave this column blank.
8.		
Alternate	National #	

If more member, add 1 vote per 10 members.

Signed _____ Society President

Signed _____ Senior Society President