

Office Use ONLY: Paid: Delegates \_\_\_ Alternates \_\_\_ Check # \_\_\_\_\_ Amount \_\_\_\_\_ Extra Banquet \_\_\_\_\_

We hereby certify the following individuals as Delegates and Alternates to the 131st Annual Conference of



**Kansas State Firefighters Association Inc.**  
**131st Annual Conference**  
**Salina, Kansas**  
**April 25-27, 2019**

**Delegate Information (up to 4): Please Print or Type**

	First & Last Name	Address	Phone Number	Email Address
(1)	_____	_____	_____	_____
(2)	_____	_____	_____	_____
(3)	_____	_____	_____	_____
(4)	_____	_____	_____	_____

**Alternate Information (unlimited)**

(1)	_____
(2)	_____
(3)	_____
(4)	_____

Given Under Our Hands and Seal this \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_ and / or \_\_\_\_\_  
Chief Secretary of FRA

**NOTICE...** Delegates Must Be Members in Good Standing of Their Departments.



**THE CREDENTIALS MUST BE IN THE HANDS OF THE SECRETARY NO LATER THAN 10 DAYS PRIOR TO THE CONFERENCE!!!** Make your room reservations now!!!

**FEES...** \$75.00 per Delegate, \$60.00 per Alternate. These fees include one (1) banquet ticket. Extra banquet tickets are \$30.00 each. Make Checks Payable to "KSFFA CONFERENCE 2019"

**MAIL...** The completed CREDENTIALS AND CONFERENCE FEES TO... **STEVE HIRSCH, SECRETARY, KANSAS STATE FIREFIGHTERS' ASSOCIATION INC., P.O. BOX 296, OBERLIN, KS 67749**

**Committee Assignments**

Please indicate which committee your delegates and alternates would like to serve on. Indicate only one (1) delegate per committee. The Credentials Committee reserves the right to assign delegates and alternates to committees as may be necessary.

- A. Training \_\_\_\_\_ G. Legislativ e \_\_\_\_\_
- B. Time and Place \_\_\_\_\_ H. Pension \_\_\_\_\_
- C. Nominations \_\_\_\_\_ I. Suggestions/Resolutions \_\_\_\_\_
- D. Constitution and By-laws \_\_\_\_\_ K. Officers Reports \_\_\_\_\_
- E. Rules and Order \_\_\_\_\_ L. EMS \_\_\_\_\_
- F. Relief Act \_\_\_\_\_