

NEW JERSEY STATE FIREMEN'S ASSOCIATION
NOTICE OF RELIEF DELEGATES ELECTED

At the regular meeting of the _____ Relief Association # _____
 in the County of _____ at a meeting held on _____, 20____
 the following were elected by ballot to the 20____ Convention of the New Jersey State Firemen's Association.

DELEGATES: (ARE ELECTED AT-LARGE)

*			
	ASSN. #	CO. #	LINE #
			PRINT NAME

*			
	ASSN. #	CO. #	LINE #
			PRINT NAME

*			
	ASSN. #	CO. #	LINE #
			PRINT NAME

ALTERNATES: (ARE ELECTED AT-LARGE)

*			
	ASSN. #	CO. #	LINE #
			PRINT NAME

*			
	ASSN. #	CO. #	LINE #
			PRINT NAME

*			
	ASSN. #	CO. #	LINE #
			PRINT NAME

CHIEF DELEGATE:

	(Taken from Officers Listing Report)		
	ASSN. #	CO. #	LINE #

(Taken from Officers Listing Report)	
PRINT NAME	Chief

*			
	ASSN. #	CO. #	LINE #

PRINT NAME (Deputy Chief or next in Command)	Alt. Chief

* TO BE TAKEN FROM COMPUTER PRINTOUT

Signature

Print Name

Relief Secretary: _____
 (Signature is to be hand written)

Date: _____, 20____

Individual credentials will be mailed to Local Relief Secretaries for distribution to delegates who have been approved and the delegate must present same to Credentials Committee in order to receive credit for attendance. Please return forms 104 & 105 fully executed to the State Office (or Postmarked) no later than May 1 of the Convention year. Failure to file reports on time shall result in Delegates, Alternates and Chief, not being seated at the Convention, along with other penalties.

NOTE: Forms should be returned to State Office using a Return Receipt and/or Tracking Number.

Note: If Notice is filed and finalized via the web, DO NOT MAIL a hard copy to N.J.S.F.A.