



# ASEA Delegate Credentials & Chapter Certification

## 20<sup>th</sup> Biennial Convention

Must be received by 5:00 PM on February 4, 2026

Chapter: \_\_\_\_\_

This is to certify that the following are the duly elected Delegates/Alternates to the **20th Biennial Convention of ASEA/AFSCME Local 52, AFL-CIO to be held March 17-22, 2026**. Delegates/Alternates must be listed in election order with the first delegate listed receiving the highest number of votes.

| Delegate(s) |      |     |            |                 |                          |                          |                          |         |                          |  |
|-------------|------|-----|------------|-----------------|--------------------------|--------------------------|--------------------------|---------|--------------------------|--|
| Count       | Name | EID | Cell Phone | Personal E-mail | Chapt. Secretary         | Chapt. President         | HQ IGS Check             | HQ Date | Committee Check          |  |
| 1           |      |     |            |                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         | <input type="checkbox"/> |  |
| 2           |      |     |            |                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         | <input type="checkbox"/> |  |
| 3           |      |     |            |                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         | <input type="checkbox"/> |  |
| 4           |      |     |            |                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         | <input type="checkbox"/> |  |
| 5           |      |     |            |                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         | <input type="checkbox"/> |  |
| 6           |      |     |            |                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         | <input type="checkbox"/> |  |
| 7           |      |     |            |                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         | <input type="checkbox"/> |  |
| 8           |      |     |            |                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         | <input type="checkbox"/> |  |
| 9           |      |     |            |                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         | <input type="checkbox"/> |  |
| 10          |      |     |            |                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         | <input type="checkbox"/> |  |
| 11          |      |     |            |                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         | <input type="checkbox"/> |  |
| 12          |      |     |            |                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         | <input type="checkbox"/> |  |
| 13          |      |     |            |                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         | <input type="checkbox"/> |  |
| 14          |      |     |            |                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         | <input type="checkbox"/> |  |
| 15          |      |     |            |                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         | <input type="checkbox"/> |  |
| 16          |      |     |            |                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         | <input type="checkbox"/> |  |
| 17          |      |     |            |                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         | <input type="checkbox"/> |  |
| 18          |      |     |            |                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         | <input type="checkbox"/> |  |
| 19          |      |     |            |                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         | <input type="checkbox"/> |  |



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| Delegate(s) |      |     |            |                 |                          |                          |                          |         |                          |  |
|-------------|------|-----|------------|-----------------|--------------------------|--------------------------|--------------------------|---------|--------------------------|--|
| Count       | Name | EID | Cell Phone | Personal E-mail | Chapt.<br>Secretary      | Chapt.<br>President      | HQ IGS<br>Check          | HQ Date | Committee<br>Check       |  |
| 20          |      |     |            |                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         | <input type="checkbox"/> |  |
| 21          |      |     |            |                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         | <input type="checkbox"/> |  |
| 22          |      |     |            |                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         | <input type="checkbox"/> |  |
| 23          |      |     |            |                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         | <input type="checkbox"/> |  |
| 24          |      |     |            |                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         | <input type="checkbox"/> |  |
| 25          |      |     |            |                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         | <input type="checkbox"/> |  |
| 26          |      |     |            |                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         | <input type="checkbox"/> |  |
| 27          |      |     |            |                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         | <input type="checkbox"/> |  |
| 28          |      |     |            |                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         | <input type="checkbox"/> |  |
| 29          |      |     |            |                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         | <input type="checkbox"/> |  |
| 30          |      |     |            |                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         | <input type="checkbox"/> |  |
| 31          |      |     |            |                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         | <input type="checkbox"/> |  |
| 32          |      |     |            |                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         | <input type="checkbox"/> |  |
| 33          |      |     |            |                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         | <input type="checkbox"/> |  |
| 34          |      |     |            |                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         | <input type="checkbox"/> |  |
| 35          |      |     |            |                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         | <input type="checkbox"/> |  |
| 36          |      |     |            |                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         | <input type="checkbox"/> |  |
| 37          |      |     |            |                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         | <input type="checkbox"/> |  |
| 38          |      |     |            |                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         | <input type="checkbox"/> |  |
| 39          |      |     |            |                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         | <input type="checkbox"/> |  |
| 40          |      |     |            |                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         | <input type="checkbox"/> |  |



## ASEA Delegate Credentials & Chapter Certification 20<sup>th</sup> Biennial Convention

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Chapter: \_\_\_\_\_

| Alternate(s) |      |     |            |                 |                          |                          |                          |         |                          |  |
|--------------|------|-----|------------|-----------------|--------------------------|--------------------------|--------------------------|---------|--------------------------|--|
| Count        | Name | EID | Cell Phone | Personal E-mail | Chapt. Secretary         | Chapt. President         | HQ IGS Check             | HQ Date | Committee Check          |  |
| 1            |      |     |            |                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         | <input type="checkbox"/> |  |
| 2            |      |     |            |                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         | <input type="checkbox"/> |  |
| 3            |      |     |            |                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         | <input type="checkbox"/> |  |
| 4            |      |     |            |                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         | <input type="checkbox"/> |  |
| 5            |      |     |            |                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         | <input type="checkbox"/> |  |
| 6            |      |     |            |                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         | <input type="checkbox"/> |  |
| 7            |      |     |            |                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         | <input type="checkbox"/> |  |
| 8            |      |     |            |                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         | <input type="checkbox"/> |  |
| 9            |      |     |            |                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         | <input type="checkbox"/> |  |
| 10           |      |     |            |                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         | <input type="checkbox"/> |  |

The undersigned officers do hereby certify that the listed individuals are members in good standing and have been duly elected for the indicated positions to the **20<sup>th</sup> Biennial Convention of the ASEA/AFSCME Local 52 to be held March 17-22, 2026.**

**Chapter Secretary:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Chapter President:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Original to ASEA Headquarters, Chapters should retain a copy)

**For Headquarters Use Only:**

Date/Time Received: \_\_\_\_\_ Received by: \_\_\_\_\_ Delegates are:  **Regular** /  **Irregular**