



**Society of St. Vincent de Paul
Diocesan Council of
San Bernardino-Riverside, CA**

**DIOCESAN COUNCIL
CONFERENCE PRESIDENT'S
CREDENTIAL FORM**

REQUIRED FOR PARTICIPATION IN THE MIDYEAR BUSINESS MEETING

Name (please print) _____

Address _____

Phone (H) _____ (W) _____

Fax _____ E-mail _____

Term of Office: Beginning _____ Ending _____

Conference _____

Signature of Conference President _____

Please print, complete, sign and return this form to the Diocesan Council

**Society of St. Vincent de Paul
Diocesan Council of San Bernardino-Riverside
P.O. Box 127
Banning, CA 92220**

Certified by
COUNCIL SECRETARY _____ **DATE** _____



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PROXY FORM

In the event you are not able to attend the Midyear Meeting, you may designate an alternate. The Council Secretary will need this signed statement to certify your Proxy. Please remember that your Proxy should be an Active Society member and a resident of the same Conference as the Conference President.

I name as my Proxy to the Midyear Meeting:

_____ (Please print)

Proxy's address _____

(City) (State) (Zip)

Proxy's Phone _____ E-mail _____

Date _____

Conference President _____

(Please print)

Address _____

Phone _____ E-mail _____

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