



Pennsylvania Association of Conservation Districts, Inc. Voting Delegate Designation Form

Conservation District: _____

Please indicate your district's Voting Delegate and up to three Alternate Voting Delegates in descending order of preference.

Voting Delegate

Director Associate Director Staff **(Please Check One)**

Name: _____

Address: _____

Phone: _____ e-mail: _____

Alternate Voting Delegate #1

Director Associate Director Staff **(Please Check One)**

Name: _____

Address: _____

Phone: _____ e-mail: _____

Alternate Voting Delegate #2

Director Associate Director Staff **(Please Check One)**

Name: _____

Address: _____

Phone: _____ e-mail: _____

Alternate Voting Delegate #3

Director Associate Director Staff **(Please Check One)**

Name: _____

Address: _____

Phone: _____ e-mail: _____

IMPORTANT: This form is valid only when signed by the District Chairman. No other may sign in his/her place.

Signature of District Chairman

Date

Please return this form to:
PACD ✧ 25 North Front Street ✧ Harrisburg, PA 17101 ✧ Fax: (717) 238-7201

Questions? Call PACD at (717) 238-7223