

2021 DELEGATE CREDENTIAL FORM

BRANCH: \_\_\_\_\_  
DISTRICT: \_\_\_\_\_  
NUMBER OF DELEGATES: \_\_\_\_\_

**INSTRUCTIONS FOR DELEGATE CREDENTIALS**

1. Complete the delegate/alternate information below as it appears on the policy. Do not use initials or nicknames.
2. If the FARM MUTUAL policy is in the name of a corporation, fraternal organization, or in the name of an estate, complete that information along with the delegate's name.
3. If spouses or members of a family unit have the same MEMBER NUMBER, only one may serve as a delegate.
4. The delegate/alternate must have a FARM MUTUAL policy. Other policies will not be considered.

**DELEGATE #1:**

Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City, State & Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_

<b><u>OFFICE USE ONLY</u></b>
Member:
Policy:

**DELEGATE #2:**

Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City, State & Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_

<b><u>OFFICE USE ONLY</u></b>
Member:
Policy:

**DELEGATE #3:**

Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City, State & Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_

<b><u>OFFICE USE ONLY</u></b>
Member:
Policy:

\_\_\_\_\_  
BRANCH PRESIDENT

\_\_\_\_\_  
DATE