

# FORSYTH COUNTY

## BOARD OF COMMISSIONERS

MEETING DATE: June 8, 2015 AGENDA ITEM NUMBER: 12

SUBJECT: Resolution Designating Forsyth County's Voting Delegate to the National Association of Counties (NACo) 2015 Annual Conference to be Held July 10 - 13, 2015 in Charlotte, NC

COUNTY MANAGER'S RECOMMENDATION OR COMMENTS:

SUMMARY OF INFORMATION:

See attached

ATTACHMENTS:  YES  NO

SIGNATURE: \_\_\_\_\_ DATE: June 4, 2015  
COUNTY MANAGER

Resolution Designating Forsyth County's Voting Delegate to the National Association of Counties (NACO) 2015 Annual Conference to be Held July 10 - 13, 2015 in Charlotte, NC

**BE IT RESOLVED** that the Forsyth County Board of Commissioners hereby designates Commissioner \_\_\_\_\_ as the Voting Delegate for Forsyth County to the National Association of Counties (NACO) 2015 Annual Conference to be held July 10 - 13, 2015 in Charlotte, NC.

Adopted this 8th day of June 2015.

# NACo 2015 Credentials (Voting) Form



▶ Please complete and **RETURN FORM BY JUNE 19, 2015** to:

Credentials Committee / NACo / Attn: Alex Koroknay-Palicz  
25 Massachusetts Avenue, NW, Suite 500 / Washington, DC 20001

- ▶ You may also fax this form to **202.393.2630** ... or scan and e-mail this form to: **akpalicz@naco.org** ... or have the voting delegate(s) carry it with him/her to the conference and present it at the Credentials Desk.
- ▶ If you do not plan on registering for the 2015 Annual Conference, **there is no need to fill out and return this form.** Your county/parish/borough **MUST** have at least one paid conference registration to be able to vote.
- ▶ If you are registering for credentials on-site, you will need to fill out the on-site ballot form. By signing this form you are declaring that you and the other conference attendees from your county have agreed that you are the voting delegate for your county.
- ▶ If your ballot is not picked up at the 2015 Annual Conference the President of your State Association will pick up and cast your county's votes unless you check the box below.

If my ballot is not picked up, **I DO NOT AUTHORIZE** my state association to pick up or cast my county's vote. I understand that my county's votes will NOT be cast if I select this option.

**Please type or print in block letters.**

County / Parish / Borough

State

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**Name your county/parish/borough's delegate(s)**

Please assign a delegate from your county/parish/borough.

## Designated County Delegate

First Name

Last Name

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Job Title/Position

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## County Alternate

First Name

Last Name

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Job Title/Position

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*Please note: This form must be signed by the CHIEF ELECTED OFFICIAL from your county.*

**Submissions without an appropriate signature will not be accepted.**

Signature of Chief Elected Official

(Board President/Chair/elected County Executive/Judge/Mayor)

Date

Cell Number

Print Name

Title