Director Certification Form

DISTRICT _____ **DATE**_____

Name of Elected Director: _____

Address_____

Phone_____Cell_____

Email _____NYSSA ID_____

Name of Elected Alternate Director: _____

Address_____

Phone_____Cell_____

Email _____NYSSA ID _____

Signature of Association or Federation President: _____

Signature of Association or Federation Secretary: _____

This Certification Form must be returned to the NYSSA Office by May 1st each year.

In the absence of a County Association or Federation, each NYSSA member-club in this District is to be listed below along with a club officer's title and dated signature.

	Club	Officer Title	Signature	Date
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____

Use Additional Copies of this page if number of clubs in the district exceeds available spaces.

NYSSA, PO Box 134, Oakfield, NY 14125
Tel: 888-624-3849 email: nyssaoffice@nysnowmobiler.com